

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41173**  
**5604**  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>67 YEARS</b>		STREET ADDRESS (If rural, give location) <b>4244 HIGHLAND AVENUE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>OSTEOPATHIC HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>MASON</b> c. (Last) <b>RHODES</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>DECEMBER 4, 1954</b>
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5. SEX <b>D</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JUNE 8 - 1873</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>OWNER &amp; OPERATOR</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>WILLIAM M. RHODES RENTAL COMPANY</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>LEWIS G. RHODES</b>	13b. MOTHER'S MAIDEN NAME <b>MARGARET BURGER</b>	14. NAME OF HUSBAND OR WIFE <b>MRS. LILLIE M. RHODES</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>07706876-33</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lillie M. Rhodes</b>	ADDRESS <b>4244 HIGHLAND KANSAS CITY MO.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia Bronchial &amp; hypostatic</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>tough gangrene right foot due to thrombosis of right femoral artery</b>		<b>4 weeks</b>
	DUE TO (c) <b>arteriosclerosis</b>		<b>1 yr</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>subacute chronic myocarditis.</b>		<b>4501</b>	<b>8 months</b>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Mar 4, 1954, to Dec 4, 1954, that I last saw the deceased alive on Dec 4, 1954, and that death occurred at 1:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>H. E. Schoen</b> H. E. Schoen	(Degree or title) _____	23b. ADDRESS <b>202 3 E 39th Kansas City Mo</b>	23c. DATE SIGNED <b>Dec 4 - 1954</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>DEC 6 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NT. WASHINGTON CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>12-6-54</b>	REGISTRAR'S SIGNATURE <b>neva minshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D. V. Neumann's Sons - Kansas City Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Rollie Kessel*

Licensed Embalmer No. *469*

P. O. Address *K.C.M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.