

FILED FEB 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5503**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3039** Registrar's No. **17**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <b>LINN</b>	b. CITY (If outside corporate limits, write RURAL and give town) <b>MARCELINE</b>	a. STATE <b>MO</b>	b. COUNTY <b>LINN</b>
c. LENGTH OF STAY (In this place) <b>22 DA</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>MARCELINE</b> <b>0580</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>ST. FRANCIS HOSPITAL 0</b>		d. STREET ADDRESS (If rural, give location) <b>R. 3</b> <b>0</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>EMMA</b>	b. (Middle) <b>EDITH</b>	c. (Last) <b>RHODY</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>2 3 55</b>
<b>5. SEX</b> <b>F</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>M</b>	<b>8. DATE OF BIRTH</b> <b>9/9/1889</b>	<b>9. AGE</b> (In years last birthday) <b>65</b> IF UNDER 1 YEAR: Months <b>4</b> Days <b>24</b> Hours <b>0</b> Min. <b>0</b>

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>CHARITON CO. 0</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
--	--	--	---

<b>13a. FATHER'S NAME</b> <b>MARION OLDHAM</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>NETTIE OSPENCER</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>ADAM RHODY</b>
---	--	---

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>ADAM RHODY MARCELINE, MO.</b>	<b>ADDRESS</b>
---	--------------------------------	--	----------------

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Anemia, severe</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ch. Glomerular Nephritis</b> DUE TO (c) <b>Hypertensive Cardiovascular Dis</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>443 X</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
-------------------------------	---	---

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** 1950, to 2-3, 1955, that I last saw the deceased alive on 2-3, 1955, and that death occurred at 7:00 m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <i>Rebe W. Smith</i>	(Degree or title)	<b>23b. ADDRESS</b> <i>Marceline Mo 24 25</i>	<b>23c. DATE SIGNED</b>
---	-------------------	--	-------------------------

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)	<b>24b. DATE</b> <b>2/5/55</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>M.T. OLIVET</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>MARCELINE, MO</b>
--	-----------------------------------	---	--

<b>DATE REC'D BY LOCAL REG.</b> <b>2-4-55</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Mary Ann Quigley</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>James M. Laughlin</i>	<b>ADDRESS</b> <i>Marceline Mo</i>
--	---	---	---------------------------------------

(Licensed Embalmer's Signature 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 .....  
Student Embalmer

Signed

*George S. Trammell*

Licensed Embalmer No. 4425

P. O. Address Meriden, Me

**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 this body is not embalmed, fact should be so stated above.