

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21310

FILED JUL 19 1955

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3001 Registrar's No. 404

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. LENGTH OF STAY (in this place) <b>22 days</b>	c. CITY OR TOWN <b>Bloomfield</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doctors Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>Rural route</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>OWEN</b>	b. (Middle) <b>VERNON</b>	c. (Last) <b>RHODES</b>	<b>July 9, 1955</b>		
5. SEX <b>M.</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 11, 1874</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>28</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>crop farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Near Acorn Ridge, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>

13a. FATHER'S NAME <b>Joseph Rhodes</b>	13b. MOTHER'S MAIDEN NAME <b>Nannie Hollis</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Alice Rhodes</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Alice Rhodes, Bloomfield, Mo. Rt.</b>

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Asphyxiation</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiac Failure</b> DUE TO (c) <b>Diopathic atypical aplastic anemia</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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)
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?

22. I hereby certify that I attended the deceased from 11-2, 1952 to 7-9-55, that I last saw the deceased alive on 7-9, 1955, and that death occurred at 7:45 Pm, from the causes and on the date stated above.

23a. SIGNATURE <b>A. D. Muehler</b> (Degree of title)	23b. ADDRESS <b>Poplar Bluff, Mo.</b>	23c. DATE SIGNED <b>7-13-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 12, 55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hollis cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Stoddard co. Mo</b>
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DATE REC'D BY LOCAL REG. <b>7/16/55</b>	REGISTRAR'S SIGNATURE <b>A. D. Muehler</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>CHILES. UND. CO. Bloomfield, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
JUL 18 1955  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

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, & by Lula Cooper # 3499 ~~STUDENT EMBALMER~~  
~~working under my personal supervision.~~

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Juan C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield

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.