

FILED SEP 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27316

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6020 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>RAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>RAY</u>	
b. CITY OR TOWN <u>RURAL-CROOKED RIVER</u>		c. CITY OR TOWN <u>RURAL-CROOKED RIVER</u>	
c. LENGTH OF STAY (in this place) <u>67 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>8 mi. N.E. OF HARDIN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home - 8 mi. N.E. of HARDIN</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>RALPH</u> b. (Middle) <u>LEYDA</u> c. (Last) <u>RHODES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 28, 1955</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>JULY 17, 1887</u>		9. AGE (In years last birthday) <u>68</u>		10. UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work depending on most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>RAY COUNTY, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>JOHN M. RHODES</u>		13b. MOTHER'S MAIDEN NAME <u>IDA JANE LEYDA</u>	
14. NAME OF HUSBAND OR WIFE <u>NETTIE RHODES</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>NETTIE RHODES</u>		ADDRESS <u>NORBORNE Mo.</u>			

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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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) _____ m.		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 <u>Aug 28, 1955</u> , to <u>Aug 28, 1955</u> , that I last saw the deceased alive on <u>8-28-55</u> , 19 <u>55</u> and that death occurred at <u>6 a</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>E. C. Fay M.D.</u>		23b. ADDRESS <u>Richmond</u>		23c. DATE SIGNED <u>8-30-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>8-29-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LIBERTY CEM.</u>	
24d. LOCATION (City, town, or county) <u>RAY COUNTY</u>		(State) <u>Mo.</u>			

DATE REC'D BY LOCAL REG. <u>Aug 30-1955</u>		REGISTRAR'S SIGNATURE <u>Malcolm Jackson 273</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Michael J. Bonebrake</u>	
				ADDRESS <u>Boonville, Hardin Co.</u>	

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

0890

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 August Bouchard
Licensed Embalmer No. 4678

P. O. Address: Hardin Mo.

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.