

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3652**

FILED JAN 11 1956

BIRTH NO. _____ REG. DIST. NO. **372** PRIMARY REG. DIST. NO. **4348** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE Mo COUNTY Webster	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SEYMOUR	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Seymour	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 1120	

3. NAME OF DECEASED (Type or Print) a. (First) MORREST b. (Middle) R c. (Last) RHODES	4. DATE OF DEATH (Month) (Day) (Year) 1-1-1956						
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-14-1870	9. AGE (In years) (Month) (Day) 85	10. USUAL OCCUPATION (Give kind of work done during most of working life when instituted) HOUSEWIFE	11. BIRTHPLACE (City and State or Foreign Country) OHIO Noble Co	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME ELIAS ROBERTSON	13b. MOTHER'S MAIDEN NAME MARY GUYER	14. NAME OF HUSBAND OR WIFE WILLIAM T. RHODES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS W T RHODES SEYMOUR MO

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) Cerebral embolism		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cerebral thrombosis DUE TO (c) arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 332x	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **7-7-55** 19**55** to **1-1** 19**56** that I last saw the deceased alive on **12-21** 19**55** and that death occurred at **9:30 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. G. Bees	23b. ADDRESS Seymour Mo	23c. DATE SIGNED 1-4-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Journal	24b. DATE 1-4-56	24c. NAME OF CEMETERY OR CREMATORY Seymour
24d. LOCATION (City, town, or county) (State) Webster Co MO		

DATE REC'D BY LOCAL REG. 1-9-56	REGISTRAR'S SIGNATURE Gilbert Jones	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert Bergman Seymour Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1957 JUL 8 8 70P ST

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 *Max L Miller*.....

Licensed Embalmer No... *472*

P. O. Address... *Mansfield*

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.