

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9280  
Registrar's No. 1281

FILED APR 11 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1281

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo.</u>		c. CITY OR TOWN <u>Belton</u>	d. Is Residence within limits of a city or incorporated town? <u>No.</u>
c. LENGTH OF STAY (in this place) <u>2 weeks</u>		e. STREET ADDRESS (If rural, give location) <u>R.R. 1 3 MILES WEST of BELTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Weslie</u> b. (Middle) <u>Roy</u> c. (Last) <u>Rhodes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3/21/56</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>10/4/93</u>	9. AGE (In years last birthday) <u>62</u>	10. MONTHS <u></u> DAYS <u></u> HOURS <u></u> MIN. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SADDLE MAKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LEATHER INDUSTRY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Joplin Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Frank P. Rhodes</u>		13b. MOTHER'S MAIDEN NAME <u>Cordia B Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Juanita B Rhodes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>488-38-7794</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Juanita B. Rhodes</u> ADDRESS <u>Belton Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Subterminal Intracranial lesion (n.m.o.)</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, arthritis, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			
		DUE TO (b) <u>Carcinoma Rectum</u>			
		DUE TO (c) <u></u>			
		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		355 XH	

19a. DATE OF OPERATION <u>NONE</u>		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 3-7, 1956, to 21 Mar, 1956, that I last saw the deceased Valve on 21 Mar, 1956, and that death occurred at 10:17 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>F. A. Carmichael</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>411 Michal Road</u>		23c. DATE SIGNED <u>21 Mar. 56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/24/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cemetery Jackson County Missouri</u>	
24d. LOCATION (City, town, or county) (State) <u>Belton Mo.</u>		DATE REC'D BY LOCAL REG. <u>3-23-56</u>		REGISTRAR'S SIGNATURE <u>neva minshell</u>	
				FUNERAL DIRECTOR'S SIGNATURE <u>Ed George Johnson</u> ADDRESS <u>Belton Mo.</u>	

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

9-1-3305

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**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 *Sterling E. Good*.....  
Licensed Embalmer No. *49*.....  
P. O. Address *Grand*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.