

FILED MAY 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16560

State File No.

2053

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) township) _____		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1211 Grandview Blvd. 615-8</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mr. Clifford</u>			b. (Middle) <u>Olive</u>		c. (Last) <u>Rhodes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-10-56</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>6-9-1900</u>		9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Southwestern Greyhound Lines</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dadville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John Elmer Rhodes</u>			13b. MOTHER'S MAIDEN NAME <u>Ellen Thomas</u>		14. NAME OF HUSBAND OR WIFE <u>Wife, Mrs. Adelle Rhodes</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO.</u>		16. SOCIAL SECURITY NO. <u>443-03-7235</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wife, Mrs. Adelle Rhodes, Kansas City, Kans.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u>						<u>years.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u> <u>Generalized Arteriosclerosis</u>						<u>years</u>
	DUE TO (c) <u>Arterial Hypertension</u>						<u>years</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute Coronary Thrombosis</u> <u>Pneumonia</u> 11/20/						<u>Aug. 1954</u> <u>2 days.</u>
19a. DATE OF OPERATION <u>NONE</u>	19b. MAJOR FINDINGS OF OPERATION <u>Chronic nephrosclerosis</u> <u>uraemia.</u>						20. AUTOPSY? YES <input checked="" 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 <u>2-4</u> , 19 <u>53</u> , to <u>5-10</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5-10</u> , 19 <u>56</u> , and that death occurred at <u>5:00 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Carl R. Ferris</u> (Degree or title) <u>MD.</u>				23b. ADDRESS <u>355 August 20th</u> <u>Kansas City, Mo.</u>		23c. DATE SIGNED <u>5-11-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-14-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kans.</u>		
DATE REC'D BY LOCAL REG. <u>5-11-56</u>		REGISTRAR'S SIGNATURE <u>neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ralph A. Fulton, Kansas City, Kans.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Carl R. Ferris0.300
0.48

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..... *Ralph Fulton*.....

Licensed Embalmer No... *30*...

P. O. Address... *P.O. Ma*.....

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.