

FILED FEB 4 1957
95285-57THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **45007**

BIRTH NO. 0		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 5745	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) life		c. CITY OR TOWN Kansas City		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 General Hospital #2				e. STREET ADDRESS (If rural, give location) 2316 Brooklyn			
3. NAME OF DECEASED (Type or Print) (Infant)		a. (First)		c. (Last) Rhodes		4. DATE OF DEATH (Month) (Day) (Year) December 13, 1956	
5. SEX male		6. COLOR OR RACE Negro		7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH 12-13-56	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Days		IF UNDER 15 MIN. Hours Min. 16 11	
10a. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo. o		12. CITIZEN OF WHAT COUNTRY? America	
13a. FATHER'S NAME Thomas R. Rhodes		13b. MOTHER'S MAIDEN NAME Lillie Mae Smith		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillie M. Rhodes, 2316 Brooklyn			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Immaturity 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 776 X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min.)		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 12-13-56 , 19___, to 12-13-56 , 19___, that I last saw the deceased alive on 12-13-56 , and that death occurred at 5:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. R. Peterson MD				23b. ADDRESS 600 E. 22nd St.		23c. DATE SIGNED 12-17-56	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 1-23-57		24c. NAME OF CEMETERY OR CREMATORY Grave		24d. LOCATION (City, town, or county) (State) Lawrence Okla MO	
DATE REC'D BY LOCAL REG. 1-17-57		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm A. Schuyler 15C MO			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
W. R. Peterson

75007

QELR

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 Mat Embalmed, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm A. Schuyler

Licensed Embalmer No. 30

P. O. Address K.C.

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.