

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7571**

FILED MAR 26 1957

BIRTH NO. _____ REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **5114** Registrar's No. **18**

1. PLACE OF DEATH a. COUNTY Bohlinger		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before a. STATE MISSOURI b. COUNTY Bohlinger)	
b. CITY (If outside corporate limits, write RURAL and give township) ZALMA		c. CITY OR TOWN ZALMA 0090	
c. LENGTH OF STAY (in this place) -		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wich Temp. WAYNE		STREET ADDRESS (If rural, give location) Wich Temp. WAYNE	

3. NAME OF DECEASED (Type or Print) JOSEPH FELIX RHYME			4. DATE OF DEATH (Month) (Day) (Year) MAR. 7, 1957		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) RET. SCHOOL TEACHER		10b. KIND OF BUSINESS OR INDUSTRY School teacher		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME FRANKLIN RHYME		13b. MOTHER'S MAIDEN NAME HULDAH EVELYN HOFFMAN		14. NAME OF HUSBAND OR WIFE ROXIE E. RHYME	
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 ROXIE E. RHYME ADDRESS ZALMA, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, Bilateral		INTERVAL BETWEEN ONSET AND DEATH 3 wks	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Arteriosclerotic HT Disease		Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 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? 496X	

22. I hereby certify that I attended the deceased from **2-17**, 19**57**, to **2-24**, 19**57**, that I last saw the deceased alive on **2-24**, 19**57**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Harold D. Hedberg M.D. (Degree or title)		23b. ADDRESS Cape Girardeau, Mo		23c. DATE SIGNED 3/2/57	
24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL		24b. DATE 3/9/57		24c. NAME OF CEMETERY OR CREMATORY SHILOH CEMETARY	
				24d. LOCATION (City, town, or county) (State) PERRY Co. MISSOURI	

DATE REC'D BY LOCAL REG. 3/23/57		REGISTRAR'S SIGNATURE Mrs. Buford Crader		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. Lily S. Maynor, Esq. Advance, Mo ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *Wm H Maynor*
Licensed Embalmer No. *46*

P. O. Address *Advance*

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.