

FILED AUG 5 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23811**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3012** Registrar's No. **363**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL, and give township) <b>Cape Girardeau</b>		c. LENGTH OF STAY (in this place) <b>5 wks</b>	c. CITY OR TOWN <b>Advance</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Southeast Missouri Hosp</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <b>1030</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ida</b>	b. (Middle) <b>Mae</b>	c. (Last) <b>Rhodes</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 25, 1957</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Aug. 9, 1878</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Stoddard Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>

13a. FATHER'S NAME <b>R. B. Overbey</b>	13b. MOTHER'S MAIDEN NAME <b>Cordelia Bollinger</b>	14. NAME OF HUSBAND OR WIFE <b>W. A. Rhodes</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Cecil Rhodes, Advance, Mo.</b>

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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia lobar, left.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Etiology unknown</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Coronary artery sclerosis</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>490X</b>	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)	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 **Mar. 15, 1956**, to **July 25, 1957**, that I last saw the deceased alive on **July 25, 1957**, and that death occurred at **10:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Chas. Brown</b>	(Degree or title) (23b) ADDRESS <b>3rd Cape Girardeau Mo</b>	23c. DATE SIGNED <b>July 25, 1957</b>
24a. BUFTIAL CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/28/57</b>	24c. NAME OF CEMETERY OR CEMETORY <b>Pleasant Hill</b>
24d. LOCATION (City, town, or county) (State) <b>Stoddard Co. Mo.</b>		

DATE REC'D BY LOCAL REG. <b>7-31-57</b>	REGISTRAR'S SIGNATURE <b>W. C. Summers</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. H. Morgan</b>	ADDRESS <b>Advance Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4-1)

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 *W<sup>m</sup> H Morgan*.....

Licensed Embalmer No. *4646*

P. O. Address *Adrian*

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.