

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31627**

FILED SEP 23 1957

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

BIRTH MO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY Howell				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell			
b. CITY (If outside corporate limits, write RURAL and give town) West Plains		c. LENGTH OF STAY (In this place) 4 yrs		c. CITY OR TOWN West Plains		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 Christa Hogan Hospital				e. STREET ADDRESS (If rural, give location) 132 South Curry St.			
3. NAME OF DECEASED (Type or Print) a. (First) REBA		b. (Middle) ELAINE		c. (Last) RHEW		4. DATE OF DEATH (Month) (Day) (Year) Sept. 14, 1957	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Aug. 21, 1926	
9. AGE (In years last birthday) 31		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) homemaker		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Fulton, Alabama		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Homer Sheffield		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE John B. Rhew			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John B. Rhew, W. Plains, Mo.			
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.		<p style="text-align: center;">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Peritonitis from BEZOAR of chewed water sticks - in Transverse Colon. ANTECEDENT CAUSES BEZOAR of chewed water sticks - in Transverse Colon. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9239				INTERVAL BETWEEN ONSET AND DEATH _____	
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 Sept 10, 1957 , to 14 Sept, 1957 , that I last saw the deceased alive on 14 Sept, 1957 , and that death occurred at 10:00 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE [Signature]				23b. ADDRESS (Degree or title) Dr. W.D. West Plains, Mo		23c. DATE SIGNED 16-9-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE Sept. 15, 1957		24c. NAME OF CEMETERY OR CREMATORYburial		24d. LOCATION (City, town, or county) (State) Fulton, Alabama	
DATE REC'D BY LOCAL REG. 9-19-57		REGISTRAR'S SIGNATURE Beatrice Cook		5. FUNERAL DIRECTOR'S SIGNATURE Hal Thornburgh		ADDRESS THORNBURGH FUNERAL HOME WEST PLAINS, MO.	

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 *Hal Thompson*

Licensed Embalmer No. *340*

P. O. Address *W. Plain*

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.