Health, & Welfare Public Service
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-027920
STATE FILE NUMBER

FILED AUG 8 1958 Registration District No. 333 Primary Registration District No. 4488 Registrar's No. 148

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN: Vanduser — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Gen. Del. — Length of stay in 1b: 1 month

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Cape Girardeau 0164 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): Big Bend Road — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Sarah Middle: Maude Last: Rhoden

4. DATE OF DEATH Month: July Day: 28 Year: 1958

5. SEX: Female 3

6. COLOR OR RACE: Col.

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] 2 **DIVORCED** [ ]

8. DATE OF BIRTH: July 14, 1877

9. AGE (In years last birthday): 81 — 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): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Aiken, S. Carolina 1

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Jacob Jones

13b. MOTHER'S MAIDEN NAME: Martha (Unk.)

14. NAME OF HUSBAND OR WIFE: James Rhoden

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Fred Smith. Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4 200

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 21, 1955 to June 26, 1958 and last saw him alive on June 26, 1958
Death occurred at 10:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John Cronin (Degree or title) MD

22b. ADDRESS Cape Girardeau Mo

22c. DATE SIGNED July 29, 1958

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Aug. 2, 1958

23c. NAME OF CEMETERY OR CREMATORY: Fairmont Cemetery

23d. LOCATION (City, town, or county) (State): Cape Girardeau, Mo.

24. FUNERAL DIRECTOR: L. R. Sparks — ADDRESS: Cape Gir., Mo.

25. DATE RECD. BY LOCAL REG.: 7-31-58

26. REGISTRAR'S SIGNATURE: Mrs Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

DATE RECEIVED 8-4-58

SCOTT CO. HEALTH DEPT.

CO. FILE No. 858-194

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 Eddie Middleton

Licensed Embalmer No. 5046

P. O. Address Cape Girardeau, Mo.

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.