

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017545

STATE FILE NUMBER

FILED MAY 26 1959

Registration District No. 141 Primary Registration District No. 3025- Registrar's No. 59

300
1-57

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, give TOWNSHIP only) OR TOWN West Plains		c. CITY OR TOWN West Plains,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MEMORIAL HOSPITAL		d. STREET ADDRESS (If outside, give location) 617 W. Broadway	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle SANFORD Last RHODES		4. DATE OF DEATH Month May Day 13 Year 1959	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 15, 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (City and state or country) Wideman, Izard Co. Ark.
13a. FATHER'S NAME Richard Rhodes		13b. MOTHER'S MAIDEN NAME Rebecca Hagen	14. NAME OF HUSBAND OR WIFE Eliz Pendergrass Rhode
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 Mrs Earl Matlock, West Plains, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Biliary Obstruction			INTERVAL BETWEEN ONSET AND DEATH 1 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Common duct calculi			1 mo
DUE TO (c) Acute cholecystitis with stone			3 days
DUE TO (c) Acute pancreatitis			3 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Surgical Intervention 5-12-59 584X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 5-4-59 to 5-13-59 and last saw her/him alive on 5-12-59 Death occurred at 8 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. B. Still M.D.		22b. ADDRESS West Plains Mo	
22c. DATE SIGNED 5-17-59		22d. SIGNATURE	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE May 15, 1959	
23c. NAME OF CEMETERY OR CREMATORY Bakersfield Cemetery		23d. LOCATION (City, town, or county) (State) Bakersfield, Missouri	
24. FUNERAL DIRECTOR Hal Stoumborg		25. DATE RECD. BY LOCAL REG. 5-19-59	
26. REGISTRAR'S SIGNATURE Beatrice Cook		26. REGISTRAR'S SIGNATURE	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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MAY 27 1959

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, ~~only~~....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Hal Thompson*

Licensed Embalmer No. **3408**

P. O. Address..... **CARTER FUNERAL H
WEST PLAINS, 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.