

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 14 1959

59-025383

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3755 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 30 yrs.		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Watson Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2841 Jarboe		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) Anna May Rhodes				4. DATE OF DEATH Month August Day 1 Year 1959									
5. SEX Female		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 8-5-1890		9. AGE (last birthday) 68		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deputy County Assessor				10b. KIND OF BUSINESS OR INDUSTRY Wyandotte Co. Assessor's Office		11. BIRTHPLACE (City and state or country) Kansas City, Ks		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Graham Turner				13b. MOTHER'S MARDEN NAME Fannie Castle				14. NAME OF HUSBAND OR WIFE Harry E. Rhodes					
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. 514-09-9240		17. INFORMANT Address Mrs. Vera Jean Lavish, 2841 Jarboe, K.C. 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) Acute Cardiac Decompensation										INTERVAL BETWEEN ONSET AND DEATH 4 Day			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) Generalized Arteriosclerosis										4 yrs			
DUE TO (c) Diabetes Melitensis										4 yrs			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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 a.m. p.m. Month, Day, Year													
20d. INJURY OCCURRED WHILE AT WORK <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 19 Apr 1957 to 1 Aug 59 and last saw her alive on 31 July 59 Death occurred at 11:21 a on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>R. Glenn Elliott</i>				22b. ADDRESS 1102 Grand Ave K.C. Mo				22c. DATE SIGNED AUG 3 1959					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-4-59		23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		23d. LOCATION (City, town, or county) Kansas City, Missouri		(State)					
24. FUNERAL DIRECTOR Melody-McGilley-Eylar, 20 W. Linwood				25. DATE RECD. BY LOCAL REG. 8-3-59		26. REGISTRAR'S SIGNATURE <i>Vera J. Lavish</i>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF R. Glenn Elliott

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Wm H Lentz

Licensed Embalmer No. 5038

P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.