

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 5 1959 78

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59-027958

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY WRIGHT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WRIGHT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MTN. GROVE MO		Length of stay in 1b 2 1/2	c. CITY OR TOWN MTN GROVE
c. FULL NAME OF HOSPITAL OR INSTITUTION 1150 PARK AVE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1150 PARK AVE
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES WESLEY RHODES		4. DATE OF DEATH Month Day Year JULY 17 1959	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-31-87
9. AGE (last birthday) 72		9. AGE (last birthday) UNDER 1 YEAR IF UNDER 24 HR Months Days 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 SAME	11. BIRTHPLACE (City and state or country) TEXAS CO. MO
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME KALLUP RHODES	
13b. MOTHER'S MAIDEN NAME EASTER ANN PETERSON		14. NAME OF HUSBAND OR WIFE 'PROUDIE HAYES'	
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. Proddie Rhodes Mtn. Grove	
17. INFORMANT Proddie Rhodes Mtn. Grove		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 5 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis (old + new)			1 Year
DUE TO (c) Arteriosclerosis			undetermined
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Myocardial Infarction Feb 1959			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 February 1959 to July 17, 1959 and last saw him alive on July 17-1959 Death occurred at 12:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Richard G. Titelman DO		22b. ADDRESS Mtn. Grove, MO	22c. DATE SIGNED 7-20-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JULY 20-59	23c. NAME OF CEMETERY OR CREMATORY LONE STAR	23d. LOCATION (City, town, or county) (State) WRIGHT CO. MO.
24. FUNERAL DIRECTOR BARBER F. HOME	ADDRESS MTN. GROVE	25. DATE RECD. BY LOCAL REG. 7-27-1959	26. REGISTRAR'S SIGNATURE Bernice R. Liberman

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 JRW Barber

Licensed Embalmer No. 384

P. O. Address Ma...

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.