

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003070

FILED VS JAN 19 1960

Registration District No. 314 Primary Registration District No. - Registrar's No. 10 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois												
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farmington - RURAL		Length of stay in 1b		c. CITY OR TOWN Farmington.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>										
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD # 3			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RFD 33		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First Hattie Middle Celia Last Rhodes				4. DATE OF DEATH Month January Day 9 Year 1960												
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 2/9/1889	9. AGE (last birthday) 70	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) Care of home			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Libertyville, Mo.		12. CITIZEN OF WHAT COUNTRY U S A									
13a. FATHER'S NAME Daniel M. Lewis			13b. MOTHER'S MAIDEN NAME Lily Smith			14. NAME OF HUSBAND OR WIFE										
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. 493-26-5737A		17. INFORMANT James L. Rhodes Address 2107 S. Grand St. Louis, 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) Coronary Thrombosis							INTERVAL BETWEEN ONSET AND DEATH 2 hrs.									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease							1 yr									
DUE TO (c) Generalized Arteriosclerosis							5 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 a female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 <u> </u> Month, Day, Year <u> </u> a.m. p.m.		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 <u>2-22-59</u> to <u>1-9-60</u> and last saw her alive on <u>1-9-60</u> Death occurred at <u>10:35 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.								22a. SIGNATURE (Degree or title) C.E. Carleton M.D.		22b. ADDRESS Farmington Mo			22c. DATE SIGNED 1-9-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/12/60		23c. NAME OF CEMETERY OR CREMATORY Hillview Memorial Gardens			23d. LOCATION (City, town, or county) (State) Farmington Missouri									
24. FUNERAL DIRECTOR Najim Funeral Home Fredricktown, Mo.				25. DATE RECD. BY LOCAL REG. Jan 9, 1960		26. REGISTRAR'S SIGNATURE Ether Rudloff										

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 5 1967

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 Paul K. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington

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.