

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**62-001970**

**433**

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 433

1. <b>FILED FEB 13 1962</b>		2. <b>USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Jackson</u>		a. STATE <u>Missouri</u>	b. COUNTY <u>Jackson</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Length of stay in 1b <u>1 yr. 3 mo.</u>		d. STREET ADDRESS (If outside, give location) <u>806 West 28th. St.</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Riverview Nursing Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. <b>NAME OF DECEASED</b> (Type or print)			4. <b>DATE OF DEATH</b>
First	Middle	Last	Month Day Year
<u>JENNIE</u>	<u>ELSIE</u>	<u>RHEA</u>	<u>1 22 62</u>
5. <b>SEX</b> <u>Female</u>	6. <b>COLOR OR RACE</b> <u>White</u>	7. <b>Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	8. <b>DATE OF BIRTH</b> <u>1-8-95</u>
9. <b>AGE</b> (last birthday) <u>67</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. <b>USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. <b>KIND OF BUSINESS OR INDUSTRY</b> <u>Home</u>	11. <b>BIRTHPLACE</b> (City and state or country) <u>Green County, Missouri</u>
12. <b>CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>		13a. <b>FATHER'S NAME</b> <u>Homer Dobbins</u>	13b. <b>MOTHER'S MAIDEN NAME</b> <u>"unknown"</u>
14. <b>NAME OF HUSBAND OR WIFE</b> <u>George Rhea</u>		15. <b>WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. <b>SOCIAL SECURITY NO.</b> <u>None</u>		17. <b>INFORMANT</b> <u>Mr. Glenn Boyd: 806 West 28th. St.</u>	
18. <b>CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Cerebrovascular Thrombosis</u>			
DUE TO (b) <u>Generalized Atherosclerosis</u>			
DUE TO (c) _____			
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. <b>WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. <b>ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	20b. <b>DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
20c. <b>TIME OF INJURY</b> Hour a.m. p.m.	Month, Day, Year		
20d. <b>INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	20e. <b>PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. <b>CITY, TOWN, OR LOCATION</b>	<b>COUNTY</b> <b>STATE</b>
21. I attended the deceased from <u>10-18-61</u> to <u>1-22-62</u> and last saw him alive on <u>1-22-62</u> Death occurred at <u>1:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. <b>SIGNATURE</b> (Degree or title) <u>Robert F. Goodwin MD</u>		22b. <b>ADDRESS</b> <u>7225 Beverly Overland Blvd</u>	22c. <b>DATE SIGNED</b> <u>1-25-62</u>
23a. <b>BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	23b. <b>DATE</b> <u>1-24-62</u>	23c. <b>NAME OF CEMETERY OR CREMATORY</b> <u>Memorial Park Cemetery</u>	23d. <b>LOCATION</b> (City, town, or county) (State) <u>Kansas City, Missouri</u>
24. <b>FUNERAL DIRECTOR</b> <u>WEILERT FUNERAL HOMES(S) K.C., MO.</u>		25. <b>DATE RECD. BY LOCAL REG.</b> <u>1-24-62</u>	26. <b>REGISTRAR'S SIGNATURE</b> <u>Barth Long</u>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 F. Goodwin Medical Certification  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

**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 Forrest D. Goldsnow

Licensed Embalmer No. 4714

P. O. Address RC 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.