

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

XC-2057466

Reg. #A-3022

62-004976

STATE FILE NUMBER

AMENDED

FILED JAN 29 1962

Primary Registration District No. 500 Registrar's No. 287

1. PLACE OF DEATH a. COUNTY ST. LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILL. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		Length of stay in 1b 47 DAYS	c. CITY OR TOWN RAMSEY		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADMIN. HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R. R. #1		
3. NAME OF DECEASED (Type or print) First WESLEY Middle RHODES Last			4. DATE OF DEATH Month 1-21-62 Day Year			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-12-95	9. AGE (last birthday) 66 YEARS	IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECTION HAND		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD	11. BIRTHPLACE (City and state or country) BINGHAM, ILL.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME GEORGE RHODES		13b. MOTHER'S MAIDEN NAME ETHELIN DAVIS		14. NAME OF HUSBAND OR WIFE DELLA RHODES		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, YES or unknown) YES (If yes, give war or dates of service) WW-1		16. SOCIAL SECURITY NO.		17. INFORMANT DELLA RHODES (wife) Address R. R. #1, RAMSEY, ILL.		
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EMPHYSEMA DUE TO (b) BRONCHIAL ASTHMA DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)					INTERVAL BETWEEN ONSET AND DEATH 20 YEARS	
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 checked="" type="checkbox"/> NO <input 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/VA attended the deceased from 12-5-61 to 1-21-62 Death occurred at 9:30 pm. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Paul G. Stronsdorfer (Degree or title) M.D.			22b. ADDRESS VET.ADM.HOSP., JEFF.BRKS., MO.		22c. DATE SIGNED 1-22-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 1-24-62	23c. NAME OF CEMETERY OR CREMATORY MT CARMEL	23d. LOCATION (City, town, or county) FAYETTE COUNTY Illinois		(State)	
24. FUNERAL DIRECTOR John J. Kessly ADDRESS F St. Louis, Ill		25. DATE RECD. BY LOCAL REG. 1-22-62	26. REGISTRAR'S SIGNATURE John B. Murphy M.D.			

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

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 me,
or by Not Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Kossely III

Licensed Embalmer No. 5039

P. O. Address E. M. Louis

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.