

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-041569

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 032 Primary Registration District No. _____ Registrar's No. 81

FILED NOV 27 1962

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>BOLLINGER</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lutesville Rt 2</u> | | Length of stay in 1b <u>LIFE</u> | c. CITY OR TOWN <u>Lutesville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Rt. 2</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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|--|---------------------------|--|---|--|--|---|
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES EDGAR RHODES</u> | | | 4. DATE OF DEATH Month Day Year <u>NOV. 20, 1962</u> | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH <u>4-30-99</u> | 9. AGE (last birthday) <u>63</u> | IF 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) <u>Presser</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>CIPANIAY</u> | | 11. BIRTHPLACE (City and state or country) <u>Lutesville, mo</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME <u>DANIEL RHODES</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARTHA MASTERS</u> | | 14. NAME OF HUSBAND OR WIFE <u>ELMA KLEMP</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NO</u> | | 17. INFORMANT Address <u>Charles Rhodes, St Louis, mo.</u> | |

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|--|--|--|--|
| 18. CAUSE OF DEATH (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>Asphyxiation</u> | | | |
| DUE TO (b) <u>intense smoke + heat</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) <u>wrapped in burning bedding</u> | | | 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 checked="" 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.) <u>burning bedding</u> |
| 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 checked="" 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 _____ to _____ and last saw him dead on 11-20-62.
Death occurred at app. 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

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|---|---------------------------|---|---|----------------------------------|
| 22. SIGNATURE (Degree or title) <u>Gene Ward - Coroner</u> | | 22b. ADDRESS <u>Lutesville Mo</u> | | 22c. DATE SIGNED <u>11-23-62</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>11-23-62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>GLEN ALLEN Cem.</u> | 23d. LOCATION (City, town, or county) <u>GLEN ALLEN</u> | (State) <u>MO</u> |
| 24. FUNERAL DIRECTOR, ADDRESS <u>Gene Ward, Lutesville Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>11/24/62</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader</u> | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59

10090

3090

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99160

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12 90-3

13 1-0

NOV 28 1962

DEC 11 1962

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 _____ signed _____

Signature of Student Embalmer

not embalmed

Licensed Embalmer No. _____

P. O. Address _____

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.