

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004984

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 370 Primary Registration District No. 6258 Registrar's No. 99

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 31 1965

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>WAYNE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>GREENVILLE Hwy 67</u>		Length of stay in: 1b <u>TRANSIT</u>	c. CITY OR TOWN <u>KIRKWOOD</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>HENRY E. RHODES, JR.</u>			4. DATE OF DEATH Month Day Year <u>JANUARY 25, 1963</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>July 22, 1931</u>	9. AGE (last birthday) <u>31</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>SELF EMPLOYED</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>COIN OP SER. INC</u>	11. BIRTHPLACE (City and state or country) <u>SCOTTS HILL TEN.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>HENRY E. RHODES</u>	13b. MOTHER'S MAIDEN NAME <u>LONA BELLE JOHNSON</u>	14. NAME OF HUSBAND OR WIFE <u>MARILYN RHODES</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)	16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>PHITZINGER MORTUARY KIRKWOOD MO.</u>
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18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>SKULL FRACTURE & TRANSVERSE CRUSHED CHEST</u>		INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>CRUSHED CHEST</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
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED! (Enter nature of injury in PART I or PART II of item 18.) <u>CAR AND TRUCK ACCIDENT</u>
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20c. TIME OF INJURY Hour a.m. <u>4:00</u> Month, Day, Year <u>1-25-63</u>	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>May 67 GREENVILLE, MO</u>	20f. CITY, TOWN, OR LOCATION <u>GREENVILLE</u>	COUNTY <u>WAYNE</u>	STATE <u>MO.</u>
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>4:00 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.		
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22a. SIGNATURE (Degree or title) <u>Marvin E. Bowles Coroner</u>	22b. ADDRESS <u>Piedmont, Mo.</u>	22c. DATE SIGNED <u>1-26-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>1-26-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>KIRKWOOD MO</u>
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24. FUNERAL DIRECTOR <u>GISH</u>	25. DATE RECD. BY LOCAL REG. <u>Jan. 30 - 1963</u>	26. REGISTRAR'S SIGNATURE <u>Bretta M. Ward</u>
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USE BLACK INK OR TYPEWRITER RIBBON

FEB 6 1963

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 me, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed M. E. Bowler

Licensed Embalmer No. 4426

P. O. Address Piedmont, Ma

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.