

FILED SEP 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27316

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>299</u>		PRIMARY REG. DIST. NO. <u>6020</u>		Registrar's No. <u>54</u>		
1. PLACE OF DEATH a. COUNTY <u>RAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>RAY</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-CROWNED RIVER</u>		c. LENGTH OF STAY (in this place) <u>67 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-CROWNED RIVER</u>		d. STREET ADDRESS (If rural, give location) <u>8 mi. N.E. OF HARDIN</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home - 8 mi. N.E. of HARDIN</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>RALPH</u> b. (Middle) <u>LEYDA</u> c. (Last) <u>RHODES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 28, 1955</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>JULY 17, 1887</u>		
9. AGE (In years last birthday) <u>68</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 10 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work depending most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>RAY COUNTY, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>JOHN M. RHODES</u>			13b. MOTHER'S MAIDEN NAME <u>IDA JANE LEYDA</u>			14. NAME OF HUSBAND OR WIFE <u>NETTIE RHODES</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>NETTIE RHODES</u> ADDRESS <u>NORBORNE Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS _____ Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>Aug 28, 1955</u> , to <u>Aug 28, 1955</u> , that I last saw the deceased alive on <u>8-28-55</u> , 19 <u>55</u> and that death occurred at <u>6 a</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>E. C. Fay M.D.</u>				23b. ADDRESS <u>Richmond</u>		23c. DATE SIGNED <u>8-30-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>8-29-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LIBERTY CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>RAY COUNTY Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Aug 30-1955</u>		REGISTRAR'S SIGNATURE <u>Malcolm Jackson 273</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Michael J. Bonebrake Hardin</u> ADDRESS _____			

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 .....

Student Embalmer

Signed

*August Borchert*

Licensed Embalmer No. *4678*

P. O. Address: *Hardin, 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 this body is not embalmed, fact should be so stated above.