

FILED JAN 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2420**

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **6021** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY RAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission) a. STATE Mo. b. COUNTY RAY	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL GRASS CREEK		c. LENGTH OF STAY (in this place) 18 yrs.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		e. CITY OR TOWN RICHMOND f. STREET ADDRESS (If rural, give location) RT. 4	

3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) ASBURY c. (Last) RHODES		4. DATE OF DEATH (Month) (Day) (Year) JAN. 19, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH SEPT. 12, 1885
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and State or Foreign Country) LA FAYETTE COUNTY, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.		13. NAME OF HUSBAND OR WIFE DELLA RHODES	

13a. FATHER'S NAME PEACHY RHODES	13b. MOTHER'S MAIDEN NAME MARY FRANCES PRIGMORE	14. NAME OF HUSBAND OR WIFE DELLA RHODES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 500-40-2563	17. INFORMANT'S SIGNATURE OR NAME DELLA RHODES
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		18. INTERVAL BETWEEN ONSET AND DEATH 10 min.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery occlusion		18. INTERVAL BETWEEN ONSET AND DEATH 10 min.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerotic heart disease		unknown
DUE TO (c) Chronic congestive heart failure		2 mo.

19a. DATE OF OPERATION 9/28/56	19b. MAJOR FINDINGS OF OPERATION Cholelithiasis & cholecystitis	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)	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 **Sept 21, 1956** to **Jan. 19, 1957**, that I last saw the deceased alive on **Jan. 18, 1957**, and that death occurred at **9:30 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE W. H. Johnson	(Degree or title)	23b. ADDRESS Richmond, Mo.	23c. DATE SIGNED 1/22/57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-21-57	24c. NAME OF CEMETERY OR CREMATORY Corder, Mo. Cem.	24d. LOCATION (City, town, or county) (State) Corder, Mo.

DATE REC'D BY LOCAL REG. Jan 23-1957	REGISTRAR'S SIGNATURE Malcol Jackson	25. FUNERAL DIRECTOR'S SIGNATURE August Borchering	ADDRESS Harding, Mo.
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

2730

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... *August Borcharding*

Licensed Embalmer No. *4678*

P. O. Address *Ferdin, Md*

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.