

124

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CERTIFICATE OF DEATH

FILED

MAY 1 1972

53

Primary Registration District No.

3010

Registrar's No.

235

DO NOT WRITE
ON THIS STUB

VS 300
Rev. 1/70

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Bessie Marie RHODES					2. F	3. April 13, 1972	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. White		5a. 54		5b. MOS.	5c. DAYS	6. April 2, 1918	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		COUNTY OF DEATH	
7b. Cape Girardeau		7c. Yes		7d. St. Francis Hospital		7e. Cape Girardeau	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Missouri		9. USA		10. married		11. Alonzo L. Rhodes	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. ?		13a. Housewife		13b. Home			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER	
14. Missouri		14b. Cape Gir.	14c. Cape Girardeau		14d. Yes	14e. 213 S. Middle	
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST MIDDLE LAST
15. Arch			H.	Wallace	16. Fannie		-- Magill
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Alonzo Rhodes				17b. 213 S. Middle, Cape Gir., Mo. 63701			
PART I. DEATH WAS CAUSED BY:							
18. IMMEDIATE CAUSE							
(a) ACUTE MYOCARDIAL INFARCTION							
DUE TO, OR AS A CONSEQUENCE OF:							
(b) ORGANIC HEART DISEASE							
DUE TO, OR AS A CONSEQUENCE OF:							
(c)							
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST							
IMMEDIATE							
LONGSTANDING							
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)	
Diabetes mellitus; Obesity; Hypertension						19a. YES OR NO	
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH						19b. YES OR NO	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20a.		20b.		20c.		20d.	
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS	
20e.		20f.		20g.		20h. YES OR NO	
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR		MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	
21a. 11/2/71		21b. 3/8/72		21c. 3/8/72		21d. I DID NOT VIEW THE BODY AFTER DEATH.	
21e. DECEASED FROM		21f.		21g.		21h. DEATH OCCURRED AT THE PLACE, ON THE DATE AND TO THE BEST OF MY KNOWLEDGE, TO THE CAUSE(S) STATED.	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		DATE SIGNED (MONTH, DAY, YEAR)	
22a.		22b.		22c.		22d.	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. David N. Jones, M.D.		23b.		23c.		23d. 4/18/72	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP	
23a. 210 Christine ST.		23b. Cape Girardeau, Missouri		23c. 63701		23d.	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE	
24a. Burial		24b. Fairmount		24c. Cape Girardeau, Mo.		24d.	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		DATE RECEIVED BY LOCAL REGISTRAR			
24a. Apr. 16, 1972		24b. Ford & Sons, 118 S. Sprigg, Cape Gir., Mo. 63701		24c. 4-26-72			
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
25a.		25b.		25c.		25d.	

USUAL RESIDENCE WHERE DECEASED LIVED: IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 10/14

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

Don
Jules
CATE Pont-Sau
334-1313
THANK YOU

MAY 2 1972

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 _____

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.