S. No. 300
v. 10.48

FILED JAN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Rhoades

State File No. 42537

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 115

58
2

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

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brookfield
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 421 Beverly Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Linn 0
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brookfield 1 2
d. STREET ADDRESS (If rural, give location): 421 Beverly Street 0

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): HARVE
c. (Last): MORRIS

4. DATE OF DEATH (Month) (Day) (Year): Dec 26-1948

5. SEX: M 0
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: Dec. 3-1862
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months — Days 23 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal Miner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Linn Co Mo 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: M. T. Morris
13b. MOTHER'S MAIDEN NAME: Eliza J. Sumner
14. NAME OF HUSBAND OR WIFE: Samantha Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mr Everett Morris St. Jo — ADDRESS: Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

835

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemiplegia (Right side) — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-sclerosis — years
DUE TO (c) Former Hemiplegia 0 several years

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: ✓ 4 50
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? ✓

22. *I hereby certify that I attended the deceased from* Nov 7, 1948, *to* Dec 26, 1948, *that I last saw the deceased alive on* Dec 26, 1948, *and that death occurred at* about 11a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Mark H Rhoads M.D. 0
23b. ADDRESS: Brookfield Mo
23c. DATE SIGNED: 12/30-48

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec-28-1948
24c. NAME OF CEMETERY OR CREMATORY: Old New Garden
24d. LOCATION (City, town, or county) (State): Linn Co. Mo

DATE REC'D BY LOCAL REG.: 1/4/49
REGISTRAR'S SIGNATURE: Walter B Crown 167 D.H.
25. FUNERAL DIRECTOR'S SIGNATURE: Hill Funeral Home — ADDRESS: Brookfield

(Licensed Embalmer's Statement on Reverse Side)

MAY 17 1957

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.

Signed J. H. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield Mo

Signed _____
Student Embalmer

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.