

FILED JAN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

633

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 4143 Registrar's No. 1

0270
4

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

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackwater-MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nelson</u>	
c. LENGTH OF STAY (in this place) <u>5 months</u>		d. STREET ADDRESS (If rural, give location) <u>No Street Number</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Price Invalid Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>Thomas</u>	c. (Last) <u>Rhoades</u>	4. DATE OF DEATH <u>Jan-12-1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 17-1867</u>	9. AGE (In years last birthday) <u>82</u>	# UNDER 1 YEAR <u>6</u> Months	Days <u>25</u>	# UNDER 24 HRS. <u>0</u> Hours	Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Opersted Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Nelson, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Eppie D. Rhoades</u>	13b. MOTHER'S MAIDEN NAME <u>Julia C. Edwards</u>	14. NAME OF HUSBAND OR WIFE <u>Mina B. Jeffress-Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Grace Verts-Nelson</u>	ADDRESS <u>Missouri</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Leukemia</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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1-13-, 1950, to 1-13-, 1950, that I last saw the deceased alive on 1-13-, 1950, and that death occurred at 4 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>AB Clark D.D.M.D.</u> (Degree or title)	23b. ADDRESS <u>Blackwater Mo</u>	23c. DATE SIGNED <u>1-14-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Jan. 15-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nelson Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Nelson-Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-13-14</u>	REGISTRAR'S SIGNATURE <u>D. Hooper</u>	381	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Leslie Murray-Marchal</u>	ADDRESS
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RECEIVED JAN 16
District Health Officer No. 8,
District File Number _____
Date Filed 1-18-50

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 J. Lulie Surrency
Licensed Embalmer No. 3235

P. O. Address Marshall, W.

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.