

FILED APR 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11583

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>922</u>		PRIMARY REG. DIST. NO. <u>6099</u>		Registrar's No. <u>4(4)</u>	
1. PLACE OF DEATH a. COUNTY <u>Schuyler</u> <i>W. TWP</i>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Queen City, Rural</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Queen City</u> <u>1950</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>3</u>			
3. NAME OF DECEASED (Type or Print) <u>JACOB (First) HENRY (Middle) RHODES (Last)</u> <u>Jacob Henry Rhoades</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>3 28 1950</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>Aug 20, 1875</u>	
9. AGE (In years last birthday) <u>74</u>		10. UNDER 1 YEAR <u>7</u>		11. UNDER 2 HRS. <u>8</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Jimtown Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Daniel Rhoades</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Wood</u>		14. NAME OF MARRIED OR WIFE <u>Kenia Ethel Rhoades</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herbert E Rhoades Kirkville 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Heart Failure</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>Arteriosclerotic Heart disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
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) <u>none</u>		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 6, 1949</u> , to <u>Mar 28, 1950</u> , that I last saw the deceased alive on <u>Mar 28, 1950</u> , and that death occurred at <u>12:15 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. W. Bradley M.D.</u>				23b. ADDRESS <u>Queen City, Mo.</u>		23c. DATE SIGNED <u>3-29-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-30-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jimtown Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Queen City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Apr 30 1950</u>		REGISTRAR'S SIGNATURE <u>Wm. R. Drake</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. R. Drake</u>		ADDRESS <u>90 West Queen City Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

RECEIVED APR 5 1950  
District Health Officer No. 10  
District File Number 4-50-28  
Date Filed APR 5 1950

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

*Wm A West*

Licensed Embalmer No.

2882

P. O. Address

Queencity 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.