

S. No. 300
V. 10.48

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20013

State File No.

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5550 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY OR TOWN <u>Hocomo</u>	c. LENGTH OF STAY (in this place) <u>17 YRS</u>	c. CITY OR TOWN <u>Hocomo</u>	d. STREET ADDRESS (If rural, give location) <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Francis</u>	b. (Middle) <u>Albin</u>	c. (Last) <u>Rhoads</u>	(Month) <u>4</u>	(Day) <u>25</u>	(Year) <u>51</u>

5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>2-14-1868</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></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></u>	11. BIRTHPLACE (State or foreign country) <u>TATENSBURG, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>CHARLES D. Rhoads</u>	13b. MOTHER'S MAIDEN NAME <u>MARY J. STOUT</u>	14. NAME OF HUSBAND OR WIFE <u>SARAH L. Rhoads</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. S. L. Young</u>	ADDRESS <u>Hocomo, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute dilatation of heart</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic nephritis</u> DUE TO (c) <u>Essential hypertension</u>		
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) (Min.)	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 7-15, 1950, to 4-25, 1951, that I last saw the deceased alive on 4-14, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. O. 2</u>	23b. ADDRESS <u>Bahrendville, Mo.</u>	23c. DATE SIGNED <u>5-15-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIED</u>	24b. DATE <u>5-1-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>AMY UNION</u>	24d. LOCATION (City, town, or county) (State) <u>Hocomo, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-15-51</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. SPECIAL DIRECTOR'S SIGNATURE <u>Walt Harris</u>	ADDRESS <u>Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Beahrdville, Mo.

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUN 18 1951

Dist. File 621-2346

Date Filed 6-18-51

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

Robert A. Kregg

Licensed Embalmer No. 4347

P. O. Address West Plains, 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.