

No. 300  
10-48

FILED FEB 25 1952

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

4078

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 207

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	c. LENGTH OF STAY (In this place) <u>2 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural St. Joseph</u>	<u>0110</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Missouri Methodist Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Route 5 (Sparta Road)</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SILAS</u>	b. (Middle) <u>NEWTON</u>	c. (Last) <u>RHOADES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 15, 1952</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>Jan. 27, 1900</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 1 MIN. Hours <u>0</u>	IF UNDER 1 MIN. Minutes <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sweet Pickle Dept.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Armour &amp; Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Savannah, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		

13a. FATHER'S NAME <u>John Rhoades</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Turner</u>		14. NAME OF HUSBAND OR WIFE <u>R. G. Bell Rhoades</u>	
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>487-09-1699</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Silas Rhoades, Rt. 5, St. Joseph, Mo</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION, RIGHT CORONARY ARTERY</u>				<u>5 MINUTES</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES	DUE TO (b) <u>MURAL THROMBUS MYOCARDIAL INFARCTION, LEFT VENTRICLE</u>		<u>85 DAYS</u>
	DUE TO (c) <u>CORONARY ARTERIOSCLEROSIS</u>			<u>UNKNOWN</u>
	II. OTHER SIGNIFICANT CONDITIONS	DUE TO (c) <u>PLEURAL EFFUSION, BILATERAL</u>		<u>8 WEEK</u>
	Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>	21f. HOW DID INJURY OCCUR? <u>NONE</u>
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"/>		

22. I hereby certify that I attended the deceased from FEB. 1, 1952, to FEB. 15, 1952, that I last saw the deceased alive on FEB. 14, 1952, and that death occurred at 7:30a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Allen Spelman MD.</u>		23b. ADDRESS <u>706 FRANCIS ST. ST. JOSEPH, MO.</u>	23c. DATE SIGNED <u>2-16-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/18/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>

DATE REC'D BY LOCAL REG. <u>Feb 23, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Castet</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Clark</u>	ADDRESS <u>120 Illinois</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Earl A. Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph

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.