

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13161

State File No.

FILED APR 28 1953

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 38

1. PLACE OF DEATH

a. COUNTY Atchison

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfax

c. LENGTH OF STAY (in this place) 3 days

d. FULL NAME OF HOSPITAL OR INSTITUTION Fairfax Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri b. COUNTY Atchison

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tarkio

d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)

a. (First) JOANNA b. (Middle) * c. (Last) RHOADES

4. DATE OF DEATH (Month) (Day) (Year) April 11, 1953

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow

8. DATE OF BIRTH Dec 26, 1867 9. AGE (In years last birthday) 85 3 15 Months Days Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home 10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Conseption, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S

13a. FATHER'S NAME Patrick Tiernay 13b. MOTHER'S MAIDEN NAME Elizabeth Roades 14. NAME OF HUSBAND OR WIFE Joseph Rhoades

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Mrs. T. W. Boyd ADDRESS Tarkio, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial vascular collapse - shock

ANTECEDENT CAUSES fracture - right hip DUE TO (b) 3 days

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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 E9049 45 20. AUTOPSY? YES NO

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) _____ 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 3/19/51, 1951, to 4/11/53, 1953, that I last saw the deceased alive on 4/10/53, 1953, and that death occurred at 3:00a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. C. Niedermeyer, M.D. 23b. ADDRESS Tarkio, Mo. 23c. DATE SIGNED 4/13/53

24a. BURIAL (CREMATION REMOVAL) (Specify) burial 24b. DATE 4/14/53 24c. NAME OF CEMETERY OR CREMATORY Home Cemetery 24d. LOCATION (City, town, or county) (State) Tarkio, Mo.

DATE REC'D BY LOCAL REG. April 24, 1953 REGISTRAR'S SIGNATURE Harvin H. Schaefer 443- 25. FUNERAL DIRECTOR'S SIGNATURE Davis Funeral Home ADDRESS Tarkio, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

030
0

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 John M. Davis, Jr.
Licensed Embalmer No. 4869

P. O. Address Trukio, 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.