

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4610

State File No.

BIRTH NO. FILED MAR 1 1954 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 219

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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL, and give town) <u>RURAL N. Campbell</u> OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>RURAL N. Campbell</u> <u>Springfield Mo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>5 years</u>		e. STREET ADDRESS (If rural, give location) <u>760 North Hill Crest</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>760 North Hill Crest</u>		0 390	

3. NAME OF DECEASED a. (First) <u>Sarah</u> b. (Middle) <u>Frances</u> c. (Last) <u>Rhoton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 22 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>May 10 1868</u>		9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months Days	
IF UNDER 24 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Dallas County Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		

13a. FATHER'S NAME <u>Howell Graves</u>		13b. MOTHER'S MAIDEN NAME <u>Calista Pinnegan</u>		14. NAME OF HUSBAND OR WIFE <u>Alfred V. Rhoton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Milburn Rhoton</u> ADDRESS <u>Conway 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (2) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES <u>(1) Cerebral Hemorrhage</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE (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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 19 54 to Feb 22 1954, that I last saw the deceased alive on Feb 19 54, 1954, and that death occurred at 9:30 Am., from the causes and on the date stated above.

23. SIGNATURE <u>J. Keaton Williams</u> (Degree or title) <u>MD.</u>		23b. ADDRESS <u>Springfield Mo</u>		23c. DATE SIGNED <u>2-24-54</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-24-1954</u>		24c. NAME OF CEMETERY <u>Graham</u>	
24d. LOCATION (City, town, or county) (State) <u>Webster County MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Barber-Bartho</u>		ADDRESS <u>Marshallfield Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-25-54</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>			

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Shirley D. Williams*.....

Licensed Embalmer No. *H. 65*

P. O. Address *Marshfield*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.