.300
.48

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

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19127

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2763

1. PLACE OF DEATH
a. COUNTY: Jackson County
b. CITY OR TOWN (If within corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Research Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN: Marshall
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 429 North Bond

0972

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): L
c. (Last): RHOADES

4. DATE OF DEATH (Month) (Day) (Year): 6-18-54

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 2-7-83
9. AGE (In years last birthday): 71 — If under 1 year: Months / Days — If under 1 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (City and State or Foreign Country): Missouri - Macon County
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Harrison W. Rhoades
13b. MOTHER'S MAIDEN NAME: Frances Lewis
14. NAME OF HUSBAND OR WIFE: Willie Rhoades

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S SIGNATURE OR NAME: Willie Rhoades — **ADDRESS**: 429 No. Bond, Marshall, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) prostatic blockage
DUE TO (c) Lower nephron nephrosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
591X

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: —
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) m.
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* 6-3, 1954, *to* 6-18, 1954, *that I last saw the deceased alive on* 6-18, 1954, *and that death occurred at* 3:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE William J. Jarvis, (Degree or title) — William J. Jarvis, M.D.
23b. ADDRESS: 1019 Professional Bldg
23c. DATE SIGNED: 6-18-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6-19-54
24c. NAME OF CEMETERY OR CREMATORY: Ridge Park
24d. LOCATION (City, town, or county) (State): Marshall Mo

DATE REC'D BY LOCAL REG.: 6-19-54
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: J. Leslie Sweeney - Marshall

(Licensed Embalmer's Statement on Reverse Side)

AUG 6 1954

AUG 12 1954

SEP 30 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed F S Walton

Licensed Embalmer No. 2

P. O. Address K C V

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.