

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34107

State File No. ....

4750

FILED OCT 27 1954

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>40 years</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3240 N.ledge, Northeast Reston</u>				e. STREET ADDRESS (If rural, give location) <u>6227 Montgall</u> <u>3798</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>HELEN</u>			b. (Middle) _____			c. (Last) <u>RHOADES</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>October 10 1954</u>			5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>January 6, 1889</u>		9. AGE (In years last birthday) <u>65</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 <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Askalossa, Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Chas. A. Statten</u>			13b. MOTHER'S MAIDEN NAME <u>Hattie Shumaker</u>			14. NAME OF HUSBAND OR WIFE <u>Charles E. Rhoades</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rbt. Whitehead</u> ADDRESS <u>6227 Montgall</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>eyes</u> ANTECEDENT CAUSES <u>arteriosclerosis</u> Morbidity 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>450</u>						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>6-1-54</u> , 19 <u>54</u> , to <u>10-10-54</u> , that I last saw the deceased alive on <u>10-10-54</u> , 19 <u>54</u> , and that death occurred at <u>7:15 P.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Frank Paul Laurey</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>428 South White Ave</u>		23c. DATE SIGNED <u>10-10-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>October 12 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>		
DATE REC'D BY LOCAL REG. <u>10-12-54</u>		REGISTRAR'S SIGNATURE <u>Neva Minchall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hilks Funeral Home</u> ADDRESS <u>2315 Linwood</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Frank Paul Laurey

Dr Paul Sawneyman  
42880 Beulah  
Be 3319

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 *Chas E Wilks*

Licensed Embalmer No. *264*

P. O. Address *19 C 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.