

FILED NOV 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36923

State File No.

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5349 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Plad, Missouri, Rural</u>		c. CITY OR TOWN <u>Plad</u>	
c. LENGTH OF STAY (in this place) <u>80yr</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>Rural</u> <u>03000</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>-</u> c. (Last) <u>Rhodelander</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18 1954</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>Dec 6, 1873</u>		9. AGE (In years last birthday) <u>80</u>		10. IF UNDER 1 YEAR Months <u>11</u> Days <u>12</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Dallas County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		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>John Rhodelander</u>		13b. MOTHER'S MAIDEN NAME <u>Ewing Stewart</u>		14. NAME OF HUSBAND OR WIFE <u>Etha Rhodelander</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>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Etha Rhodelander</u>	
				ADDRESS <u>plad Missouri</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		INTERVAL BETWEEN ONSET AND DEATH <u>4 Months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction and Starvation from Con</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Starvation from Con</u> DUE TO (c) <u>Tumour Comiting</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Discho Pneumonia of Ethis</u> <u>Fuchs's Cancer Hoop</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) <u>5705</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	---	----------------------------

22. I hereby certify that I attended the deceased from Aug 15, 1954, to Nov 18, 1954 that I last saw the deceased alive on Nov 17, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. Blumener</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Buffalo Mo</u>	23c. DATE SIGNED <u>11-22-54</u>
--------------------------------------	-----------------------------	-----------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 21, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Plad Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>plad Missouri</u>
--	----------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>11-24-54</u>	REGISTRAR'S SIGNATURE <u>Ernest Petrus</u>	80	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. B Jones</u>	ADDRESS <u>Buffalo, Mo</u>
---	---	----	---	-------------------------------

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

DEC 2 1954

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..... *Memo B Jones*

Licensed Embalmer No. *4327*

P. O. Address... *Buffalo, N.Y.*

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.