

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045063

STATE FILE NUMBER

FILED DEC 30 1958 Registration District No. 257 Primary Registration District No. 5880 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY Osage		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Linn <i>Erangard Township</i>		c. CITY OR TOWN Morrison 0760	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Linn Manor Rest Home- 1 week		d. STREET ADDRESS R F D (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Flemons F. Rhoades			4. DATE OF DEATH Month Day Year Dec 23, 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 7, 1886	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Month 6	IF UNDER 24 HRS. Days 18
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming & Stock raising	10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and state or country) Arkansas 1	12. CITIZEN OF WHAT COUNTRY? U S A
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13. FATHER'S NAME Finnis Rhoades	14. MOTHER'S MAIDEN NAME Mary Jane Smith
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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.	17. INFORMANT Address Tene Rhoades . Morrison, Mo.
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i> DUE TO (b) <i>Arteriosclerosis, Cerebral</i> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <i>C.V.A. (31 days prior to death)</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-16-58 to 12-23-58 and last saw her alive on 12-23-58  
Death occurred at G.P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Thomas W. Baldwin D.O.</i>	22b. ADDRESS Linn	22c. DATE SIGNED 12/26/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/26/58	23c. NAME OF CEMETERY OR CREMATORY Useful Cemetery	23d. LOCATION (City, town, or county) Linn, Mo. R D
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24. FUNERAL DIRECTOR ADDRESS <i>Seylee Roberts - Linn, Mo.</i>	25. DATE RECD. BY LOCAL REG. Dec 27-1958	26. REGISTRAR'S SIGNATURE Mrs. T.A. Dubravillet
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service  
300 1-56  
All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
2350

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Vernon Morton* .....

Licensed Embalmer No. *412*

P. O. Address *Linn* .....

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.