

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018060

FILED VS. MAY 3 1960

Registration District No. 352 Primary Registration District No. 4317 Registrar's No. 33

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Taney				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Ozark					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Branson		Length of stay in 1b 4 days		c. CITY OR TOWN Lutie		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF HOSPITAL OR INSTITUTION Skaggs Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Big Creek Twp.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Bert Franklin Rhoads				4. DATE OF DEATH Month 4- Day 16- Year 1960					
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-30-1894	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mail Carrier			10b. KIND OF BUSINESS OR INDUSTRY Govt.		11. BIRTHPLACE (City and state or country) Protom Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Jesse Rhoads			13b. MOTHER'S MAIDEN NAME Hester A. Conway			14. NAME OF HUSBAND OR WIFE Alta Baxter Rhoads			
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. 489-36-8828		17. INFORMANT Address Mrs. Alta Rhoads Lutie, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease							INTERVAL BETWEEN ONSET AND DEATH 5 yrs		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis							4 yrs.		
DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 6:40 a.m. Month, Day, Year July 1955									
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 Branson, Mo.		COUNTY		STATE	
21. I attended the deceased from July 1955 to 4-16-60 and last saw him alive on 4-16-60 Death occurred at 6:40 A. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE W.C. Magnus, M.D. (Degree or title)				22b. ADDRESS Branson, Mo.			22c. DATE SIGNED 4/19/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-19-1960	23c. NAME OF CEMETERY OR CREMATORY Lutie		23d. LOCATION (City, town, or county) Lutie, Mo.				
24. FUNERAL DIRECTOR Clinkingbeard ADDRESS Gainesville, Mo.			25. DATE RECD. BY LOCAL REG. 4-30-60		26. REGISTRAR'S SIGNATURE Helew Campbell				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 John R. Usrey

Licensed Embalmer No. 4885

P. O. Address Gaineville,

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.