		SION OF HEALTH - STANDAI	ED CERTI	FICATE O	F DEATH	-	-60-035	5398
ED V	•	SEP 2 8 1960 Registration District No. 178 Primary	Registration Distri	ct No	Registrar's No.	84	STATE FILE NU	JMBER
	-	PLACE OF DEATH a. COUNTY Lewis			a. STATE MO	E (Where deceased b. COUNTY	lived. If institution: Knox	Residence before admission)
		b. CITY (If outside corporate limits, give TOWNSHIP OR TOWN LaBelle		th of stay in 1b		ina		Inside Limits Yes No 🗆
	l_	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION English Nursi:		Inside Limits Yes No	d. STREET ADDRESS	(If outside	de, give location)	Reside on Farm Yes No
		3. NAME OF DECEASED First (Type or print) FLOR ENCE	Middle		Lest DERSON		Month Day	
			. Married N Widowed b. KIND OF BUSIN	Divorced	8. DATE OF BIRTH 11/30/189	1 68	Months Days	Hours Min.
	! _	0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10USEWITE 3a. FATHER'S NAME		R'S MAIDEN NAME	Knox Cou	nty	US A OF HUSBAND OR WIFE	WHAT COUNTRY
	-1:	Daniel A. Rhoades 5. was deceased ever in u.s. armed forces?	Mary 16. social	C. Arm			Andersor	
 	_ _	(es, no, or unknown) (If yes, give war or dates of serving 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:		L4-1963	Mrs. She	1ton Dodo	IN	ity Mo
DOCUMENT		IMMEDIATE CAUSE (a)	<u>Ce</u>	rebra	K Ken	rottha	Ze :	36 hours
		Conditions, if eny, which gave rise to above cause (a), stating the underlying cause last.	a a	Eteri	Jele Sele	roci	b	:
	CERTIFICATION	PART II. OTHER SIGNIFICANT COND disease tondition given in PA	but not related to	the terminal PA	RT III. If deceased there a pregna	ncy in last 90 days.		
		PERFORMED?	HOMICIDE 20			(Enter nature of injur	y in PART I or PART II	l l
	MEDICAL	20c. TIME OF Hour Month, Day, Year INJURY e.m. p.m.	INJURY (e.g., in o	ir about home. 2	of. CITY, TOWN, OR	LOCATION	COUNTY	STATE
	•	WHILE AT WORK farm, factor	ry, street, office b	1dg., etc.)	6× 10 191.	her	4/10	/ O
		21. I attended the deceased from 3.40	7 7	m on the	date stated above, an	last saw him alive or	knowledge, from the c	auses stated.
AVIT OF	92		u 74	EMETERY OF CREA	ANTORY 236	d. LOCATION (City,	Town, or county)	(State)
AFFIDAVIT		burnal, cremation, 23b. date burnal (Specify) 22 Sept 160		y Cemet	' '	Knox (County, Mo	<u> </u>
BY	ΗŪ	DSON-RIMER FUNERAL HOM		Embalmer's Statem	- 23 - 60 ent on Reverse Side)	mrs.	Genry L	layd_

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is	ecorded on the reverse side of this certificate was embalmed by
or by	, Student Embalmer No
working under my personal supervision.	Signed ASS inner
StudentSignature of Student Embalmer	Signed MM/ Minus
•	· ·

Licensed Embalmer No.

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