

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 28 1960

-60-046846

STATE FILE NUMBER

Registration District No. 210 Primary Registration District No. _____ Registrar's No. 87

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Princeton		c. CITY OR TOWN Independence	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Axtell Hospital		d. STREET ADDRESS (If outside, give location) 417 E Fair St	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First William Middle Lester Last Rhoads			4. DATE OF DEATH Month 12 Day 25 Year 60		
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-30-1942	9. AGE (last birthday) 18	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Boy		10b. KIND OF BUSINESS OR INDUSTRY Hallmark Cards		11. BIRTHPLACE (City and state or country) Clarke Co., Iowa	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Lester Henry Rhoads		13b. MOTHER'S MAIDEN NAME Leona Henricks	
14. NAME OF HUSBAND OR WIFE		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. 479-52-4282	
17. INFORMANT Lester Rhoads		Address Independence, 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) Fractured skull, fractured left leg, internal injuries.		INTERVAL BETWEEN ONSET AND DEATH Immediate
DUE TO (b) Car wreck		
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 checked="" 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.) Car wreck
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20c. TIME OF INJURY Hour 9:45 a.m. 12-25-60	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 136	20f. CITY, TOWN, OR LOCATION Princeton, Mercer county, Missouri
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21. I attended the deceased from **dead on examination** and last saw **her** alive on _____
Death occurred at **9:45 am** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. J. Axtell D.O.	22b. ADDRESS Princeton MO	22c. DATE SIGNED 12-26-60
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 12-25-60	23c. NAME OF CEMETERY OR CREMATORY Murray
23d. LOCATION (City, town, or county) Murray Iowa		(State)

24. FUNERAL DIRECTOR Noel Moss	ADDRESS Princeton, Mo	25. DATE RECD. BY LOCAL REG. 12-26-60	26. REGISTRAR'S SIGNATURE Gene Mann
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

DEC 30 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Neil Mass

Licensed Embalmer No. *2635*

P. O. Address *Quincy*

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