

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007502
STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 48

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

FILED APR 6 1961

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Monett</u>		c. CITY OR TOWN <u>Miller</u>	
Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>P.F.D.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Scroggins Nursing Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>Lloyd</u> Middle <u>William</u> Last <u>Rhodes</u>			4. DATE OF DEATH Month <u>3</u> Day <u>22</u> Year <u>1961</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>2-14-1909</u>	9. AGE (last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>8</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction worker</u>		11. BIRTHPLACE (City and state or country) <u>Christian Co. USA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>R. L. Rhodes</u>			13b. MOTHER'S MAIDEN NAME <u>Mollie Frazier</u>			14. NAME OF HUSBAND OR WIFE <u>Divorced</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		17. INFORMANT <u>Mrs. George Blerins Miller Mo.</u>	
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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) <u>Carcinoma of bronchus</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
DUE TO (b) _____			
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		
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year						
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 2-15-61 to 3-22-61 and last saw her alive on 2-21-61
Death occurred at 10:22 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Signature) <u>Lloyd W. Rhodes MD</u>			22b. ADDRESS <u>Monett Mo.</u>		22c. DATE SIGNED <u>3/23/61</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-25-1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Frazier</u>		23d. LOCATION (City, town, or county) (State) <u>N. of Cherokee Mo.</u>	

24. FUNERAL DIRECTOR <u>Morris - Leiman Miller Mo.</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>3-28-61</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. P. H. Cook</u>	
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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 L. R. Seiman

Licensed Embalmer No. 3297

P. O. Address Miller Mo.

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.