

**MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=61-012226**  
STATE FILE NUMBER

Registration District No. 322 Primary Registration District No. 3071 Registrar's No. 11

AMENDED  
**FILED APR 11 1961**

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Saline</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Slater</b>		a. STATE <b>Mo</b>		b. COUNTY <b>Saline</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>828 N. Elm</b>		Length of stay in lb <b>75 Yrs.</b>		c. CITY OR TOWN <b>Slater</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>828 N. Elm</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last				4. DATE OF DEATH Month Day Year			
<b>CARRIE MERDON RHOADES</b>				<b>April 6 1961</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/8/1870</b>	9. AGE (last birthday) <b>90</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and state or country) <b>Saline Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>George R. Rhoades</b>			13b. MOTHER'S MAIDEN NAME <b>Louise Norvell</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>E. E. Rhoades Slater, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Chr. myocarditis with</b>						<b>years</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>decompensation and failure</b>						<b>2 wks</b>	
DUE TO (c) <b>Generalized arteriosclerosis</b>						<b>years</b>	
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 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 <b>July 1955</b> to <b>April 6, 1961</b> and last saw her alive on <b>April 3, 1961</b> Death occurred at <b>4:00 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>C. A. McBurney M.D.</b>				22b. ADDRESS <b>Slater, Mo.</b>		22c. DATE SIGNED <b>4-8-61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4/8/1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Slater City</b>		23d. LOCATION (City, town, or county) (State) <b>Slater, Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Haines Funeral Home Slater, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>4-8-1961</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Raymond Beane</b>		

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF DOCUMENT  
INSTEAD OF  
SHOULD READ  
ITEM NO.

