

# MISSOURI DIVISION OF PUBLIC HEALTH AND WELFARE

## STANDARD CERTIFICATE OF DEATH

**-61-037546**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 90

**FILED NOV 15 1961**

AMENDED  
DATE AMENDED  
11/16/61  
INSTEAD OF  
November 10, 1961  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF Fun. Dir.  
SHOULD READ  
November 9, 1961  
ITEM NO. 4

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Pettis</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lexington</b>		Length of stay in 1b <b>Five Hours</b>	c. CITY OR TOWN <b>Sedalia</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lexington Memorial</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>2519 Wing Ave.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Scott</b> Middle <b>J.</b> Last <b>Rhoades</b>			4. DATE OF DEATH Month <b>November</b> Day <b>10</b> Year <b>1961</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>November 2, 1930</b>	9. AGE (last birthday) <b>31</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sales Work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Petroleum Indus</b>	11. BIRTHPLACE (City and state or country) <b>Jefferson City, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>R. R. Rhoades</b>		13b. MOTHER'S MAIDEN NAME <b>Ann Gullen</b>		14. NAME OF HUSBAND OR WIFE <b>Sheila Young</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>			17. INFORMANT Address <b>Dr. R. R. Rhoades Jefferson City, 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 <b>5 hours</b>
IMMEDIATE CAUSE (a) <b>Shock due to trauma and blood loss</b>					
DUE TO (b) <b>Multiple fractures of pelvis and multiple fractures of left femur</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	
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.) <b>Auto accident</b>	
20c. TIME OF DEATH <b>4:00 p.m.</b>		Hour <b>11</b> Month <b>9</b> Day <b>61</b>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>		
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>Rural Higginsville</b>		COUNTY <b>Lafayette</b>	STATE <b>Mo.</b>
21. I attended the deceased from <b>11-9-61</b> to <b>11-10-61</b> and last saw her/him alive on <b>11-9-61</b> Death occurred at <b>8:45 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Scott W. Ward</i>			(Degree or title) <b>M.D.</b>	22b. ADDRESS <b>Lexington, Missouri</b>	
22c. DATE SIGNED <b>11-10-61</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11-12-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Jefferson City, Missouri</b>
24. FUNERAL DIRECTOR <b>Thorp-Gordon</b>		ADDRESS <b>Jefferson City, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>11-11-61</b>	26. REGISTRAR'S SIGNATURE <i>Monica E. Eastbrook</i>

NOV 15 1961

APR 10 1962

NOV 16 1961

**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 Paul H. Wilson, Student Embalmer No. 639

working under my personal supervision.

Student Paul H. Wilson  
Signature of Student Embalmer

Signed Harold L. Walker

Licensed Embalmer No. 4588

P. O. Address Lexington

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.