

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-045627

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 347 Primary Registration District No. 6162 Registrar's No. \_\_\_\_\_

FILED DEC 12 1962

VS 300  
Rev. 4/59

1040

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Stone Co</u>		2. USUAL RESIDENCE (Where deceased lived - institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Reeds Springs Mo</u>		Length of stay in 1b <u>17 yrs</u>	c. CITY OR TOWN <u>Reeds Springs</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Wm Jackson Rhoades</u>		First Middle Last	4. DATE OF DEATH <u>12/5/1962</u> Month Day Year
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 11/1878</u> 9. AGE (last birthday) <u>84</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and state or country) <u>Gallitan Mo</u> 12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Joshua Rhoades</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Falden</u> 13c. NAME OF HUSBAND OR WIFE <u>Bertha Rhoades</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs Bertha Rhoades</u> Address <u>Reeds Springs Mo</u>
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>Cardiac Asthma</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
DUE TO (b) <u>Fatty Degeneration of heart</u>			
DUE TO (c) <u>Mitral Insufficiency</u>			
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 checked="" 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 Month, Day, Year p.m.			
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 <u>Dec 2 1962</u> to <u>Dec 5 1962</u> and last saw her/him alive on <u>Dec 5 1962</u> Death occurred at <u>6:30 p.m.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>LS Shumate MD</u> (Degree or title)		22b. ADDRESS <u>Reeds Springs Mo</u>	22c. DATE SIGNED <u>12/5/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec 8-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Valerius Pond</u>	23d. LOCATION (City, town, or county) State <u>Salera Mo - Rt. 3</u>
24. FUNERAL DIRECTOR <u>Emerit J. Cheatham</u> ADDRESS <u>Salera Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Dec 10, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Mary F. Stewart</u>

USE BLACK INK OR TYPEWRITER RIBBON

**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

*Cheatham Funeral Home*

Licensed Embalmer No.

*Everett J. Cheatham*

# *3870*

P. O. Address

*Malina, mo*

*Permit issued  
12-10-62*

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.