

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045778

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 409

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 6017
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123-2

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED JAN 7 1968		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Adair		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		a. STATE Mo. b. COUNTY Adair	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin		Length of stay in 1b 2 wks		c. CITY OR TOWN Novinger	
3. NAME OF DECEASED (Type or print) EUGENE RHOADS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Novinger	
4. DATE OF DEATH December 28 1962		5. SEX Male		6. COLOR OR RACE White	
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5/15/95		9. AGE (last birthday) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Employee		10b. KIND OF BUSINESS OR INDUSTRY John Deere Co.		11. BIRTHPLACE (City and state or country) Lamoni, Iowa	
12. CITIZEN OF WHAT COUNTRY U S		13a. FATHER'S NAME William Rhoads		13b. MOTHER'S MAIDEN NAME Mary Perry	
14. NAME OF HUSBAND WIFE Beulah Sevits Rhoads		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. No	
17. INFORMANT Beulah Rhoads, Novinger, Mo.		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) 1. ANEMIA AND DEBILITATION		DUE TO (b) ANAPLASTIC LIVER CELL CARCINOMA		2 MO	
DUE TO (c) _____		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) CHRONIC CORONARY ARTERY DISEASE - CHRON. -		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 _____ a.m. _____ 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		20g. COUNTY		20h. STATE	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ 1:42 AM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Deceased or title) Eugene Rhoads		22b. ADDRESS DO KIRKSVILLE, Mo	
22c. DATE SIGNED 12-29-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/30/62	
23c. NAME OF CEMETERY OR CREMATOR Hazel Creek Union		23d. LOCATION (City, town, or county) Adair County, Mo.		23e. STATE Mo.	
24. FUNERAL DIRECTOR Foster Memorial Home, Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. 12-31-62		26. REGISTRAR'S SIGNATURE Dorcas W. Pettif	

USE BLACK INK OR TYPEWRITER RIBBON

No permit issued

EARL LAUGHLIN, JR. D.D.

JAN 9 1963

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 Nova E. Foster
NOVA E. FOSTER

Licensed Embalmer No. 4742

P. O. Address Kirksville, 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.