S. No. 300
v. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FILED APR 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11945

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5122 Registrar's No. 107

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hallsville
c. LENGTH OF STAY (in this place): 8 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RURAL Rocky Fork Township

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia
d. STREET ADDRESS (If rural, give location): 301 Monroe St.

3. NAME OF DECEASED (Type or Print)
a. (First): LAURA
b. (Middle): ANITA
c. (Last): Rhoades

4. DATE OF DEATH (Month) (Day) (Year): April - 5 - 1950

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 10 - 1904
9. AGE (In years last birthday): 45
IF UNDER 1 YEAR: Months 5 Days 23
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Boone County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William T. Baker
13b. MOTHER'S MAIDEN NAME: Mollie McGee
14. NAME OF HUSBAND OR WIFE: Claude C. Rhoades

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Claude C. Rhoades
ADDRESS: Hallsville, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Intestinal carcinoma
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
153X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 25, 1949, *to* April 5, 1950, *that I last saw the deceased alive on* Dec 28, 1949, *and that death occurred at* 5:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. Lachance (Degree or title): M.D.
23b. ADDRESS: Centralia, Mo.
23c. DATE SIGNED: 4-6-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 7 50
24c. NAME OF CEMETERY OR CREMATORY: Red Top Cemetery
24d. LOCATION (City, town, or county) (State): Hallsville, Missouri

DATE REC'D BY LOCAL REG.: April 7 1950
REGISTRAR'S SIGNATURE: Mrs. R E Palmer
25. FUNERAL DIRECTOR'S SIGNATURE: Paul G. Ballew
ADDRESS: Centralia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

District File Number.....

District Health Officer No. 9,
RECEIVED
APR 11 1950

APR 19 1950

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 .....
Student Embalmer

Signed Paul J. Ballew

Licensed Embalmer No. 4206

P. O. Address Centralia, Wn.

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 this body is not embalmed, fact should be so stated above.