

FILED JUN 25 1957

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20581**

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3030 Registrar's No. 46

502
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Oklahoma</u> b. COUNTY <u>Nowata</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Festus</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>408 W. Boston</u> <u>8350</u>	
c. LENGTH OF STAY (in this place) <u>9 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Yale Okla.</u> <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Geraldine</u> b. (Middle) _____ c. (Last) <u>Rhoads</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 28 - 1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov 26 - 1882</u>
9. AGE (In years) (last birthday) <u>68</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		11. BIRTHPLACE (State or foreign country) <u>Festus Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			

13a. FATHER'S NAME <u>John Colson</u>		13b. MOTHER'S MAIDEN NAME <u>Emeline Applegate</u>		14. NAME OF HUSBAND OR WIFE <u>William H. Rhoads</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William H. Rhoads</u>	
				ADDRESS <u>Yale Okla.</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of large Bowel</u>		INTERVAL BETWEEN ONSET AND DEATH <u>About 1 yr.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>8-15-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>CARCINOMA OF LARGE BOWEL</u> <u>153 X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. 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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 8-7, 1959 to 5-25, 1957, that I last saw the deceased alive on 5-25, 1957, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. P. D. ...</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>112 Miss. Crystal City, Mo</u>		23c. DATE SIGNED <u>5-30-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 30 - 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Christian Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Festus Mo</u>	

DATE REC'D BY LOCAL REG. <u>5-31-57</u>		REGISTRAR'S SIGNATURE <u>E. Levan Province</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. L. Vinyard</u>		ADDRESS <u>Festus Mo</u>	
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DATE RECEIVED 7-20-51
JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

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 Donald A. Vermyand

Licensed Embalmer No. 4608

P. O. Address Felita, 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 this body is not embalmed, fact should be so stated above.