

FILED OCT 1 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 30737

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5662 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>LEWIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>KNOX</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>RURAL</b>		c. CITY (If outside corporate limits, write RURAL and give township). c. CITY (If outside corporate limits, write RURAL and give township) <b>EDINA</b> 0520	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>PRAIRIE VIEW REST HOME</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	

3. NAME OF DECEASED (Type or Print) <b>GRACE ANN RHOADES</b>			4. DATE OF DEATH <b>SEPT 12 1951</b>		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)

5. SEX <b>F</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>NOV 27 1869</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>BARING Mo. 0</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>OWEN FRIEL</b>	13b. MOTHER'S MAIDEN NAME <b>BRIDGETT McDIVITT</b>	14. NAME OF HUSBAND OR WIFE <b>OSCAR J. RHOADES</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Eugene Rhoades</b> ADDRESS <b>Edina</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Senility</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Years</b>  <b>79 1/2</b>
	ANTECEDENT CAUSES Morbidity 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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug. 31, 1951**, to **Sept. 12, 1951**, that I last saw the deceased alive on **Aug. 31, 1951**, and that death occurred at **5:40A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Harry L. McBracken</b> (Degree or title) <b>D. O. 2</b>	23b. ADDRESS <b>La Belle, Missouri</b>	23c. DATE SIGNED <b>9/13/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>SEPT 14, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST ALOYSIUS CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>BARING MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>9-13-51</b>	REGISTRAR'S SIGNATURE <b>P. J. Jennings</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul C. Kriegerhauser</b> ADDRESS <b>Edina Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: SEP 17 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 9-51-1671  
Date Filed: SEP 17 1951

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed *Paul C. Krieghauser*

Licensed Embalmer No. *4085*

P. O. Address *Edina 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.