

FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36406**BIRTH NO. _____ REG. DIST. NO. **99** PRIMARY REG. DIST. NO. **5380** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY Dekalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Wis. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 2 mi. W. Stewartsville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Soperton	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Harvey c. (Last) Rhodd			4. DATE OF DEATH (Month) (Day) (Year) 11-14-55		
5. SEX Male	6. COLOR OR RACE Indian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 28, 1906	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gen. Labor		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Horton, Kansas	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Henry Rhodd	13b. MOTHER'S MAIDEN NAME Zoah Hill	14. NAME OF HUSBAND OR WIFE Alice C. Thunder Rhodd
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	16. SOCIAL SECURITY (If yes, give no. or date of service) 11-3 73-44	17. INFORMANT'S SIGNATURE OR NAME Henry Rhodd, 1716 S. 9th St	ADDRESS Joseph Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	9-19-45 MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Thoracic Cavity		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) caught between back of car and front of truck 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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hi-Way 36	21c. (CITY, TOWN, OR TOWNSHIP) 03 COUNTY (STATE) 2 Mi. West Stewartsville Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-14-1955 7:30 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Crushed between car & Truck
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John Bram Curran	23b. ADDRESS Stewartsville, Mo.	23c. DATE SIGNED 11-14-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-17-55	24c. NAME OF CEMETERY OR CREMATORY Kickapoo Res.	24d. LOCATION (City, town, or county) (State) Horton Kansas
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DATE REC'D BY LOCAL REG. 11-17-55	REGISTRAR'S SIGNATURE Roscoe Davidson	25. FUNERAL DIRECTOR'S SIGNATURE W. E. Summerfield	ADDRESS Stewartsville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

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

W.E. Summerfield

Licensed Embalmer No. 3007

P. O. Address *Stewartville, Md.*

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.