

5 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39560

BIRTH NO.		REG. DIST. NO. <u>2</u>	PRIMARY REG. DIST. NO. <u>4009</u>	Registrar's No. <u>106</u>
1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Savannah</u>		c. LENGTH OF STAY (In this place) <u>7 days</u>	c. CITY OR TOWN <u>Savannah</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4235 W. Main</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) <u>Lucinda Turner</u>		a. (First)	b. (Middle) <u>Turner</u>	c. (Last) <u>Rhoades</u>
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 24, 1871</u>
9a. AGE (In years last birthday) <u>84</u>		9b. IF UNDER 1 YEAR Months	9c. IF UNDER 1 YEAR Days	9d. IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Rural Andrew Co, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13a. FATHER'S NAME <u>Silas Turner</u>		13b. MOTHER'S MAIDEN NAME <u>Christina Nix</u>	14. NAME OF HUSBAND OR WIFE <u>John S. Rhoades</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edith Lanning, Savannah, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		DUPLICATE OF (a) <u>Coronary occlusion</u>		<u>immediate</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
		DUPLICATE OF (b) <u>Coronary sclerosis</u>		<u>12 years</u>
		DUPLICATE OF (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"/>
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)	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 <u>Sept. 1947</u> , to <u>Dec. 28, 1955</u> , that I last saw the deceased alive on <u>Dec. 28, 1955</u> , and that death occurred at <u>9:05 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>W. B. Maxwell</u>		23b. ADDRESS <u>D. Q. 307 W. Main, Savannah, Mo.</u>		23c. DATE SIGNED <u>12/30/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>12-31-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Andrew County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-14-56</u>	REGISTRAR'S SIGNATURE <u>Lillian Snook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. G. Rich</u>		ADDRESS <u>Savannah, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....
Signature of Student Embalmer

Signed *Wm A. Rich*.....

Licensed Embalmer No. *4.??*

P. O. Address *Savannah*

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.