

STANDARD CERTIFICATE OF DEATH

FILED MAR 11 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4515 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u>		c. CITY OR TOWN <u>Galt</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 wk</u>		e. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S.C.M. Hospital</u>			

3. NAME OF DECEASED a. (First) <u>MELVIN</u> b. (Middle) _____ c. (Last) <u>RHOADES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-28-1957</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>11-15-1864</u>	9. AGE (In years last birthday) <u>92</u>	10. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Merx Co mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Wm Rhoads</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Lyons</u>		14. NAME OF HUSBAND OR WIFE <u>Effie Beadle Rhoads</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Velma Gibson Galt mo</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertatic Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Shock</u>		2/23/57	
DUE TO (c) <u>Fell + Broke heady femur</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>fell from Rocking Chair + Broke hip.</u>		2/23/57	

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) <u>21</u> (STATE) <u>mo</u>	
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? <u>902.0</u>	

22. I hereby certify that I attended the deceased from July, 1950, to Feb 28, 1957, that I last saw the deceased alive on Feb 28, 1957 and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W.W. Eitel D.O.</u> (Degree or title) <u>2</u>		23b. ADDRESS <u>Galt Missouri</u>		23c. DATE SIGNED <u>3-4-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-3-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Halfrock Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Spickard mo</u>		DATE REC'D BY LOCAL REG. <u>3-5-57</u>		REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckett</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>P. K. Payne Son</u>		ADDRESS <u>Galt mo</u>			

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

1961 8 807

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.....  
*PK Payne Jr*

Licensed Embalmer No. *3400*

P. O. Address *Galt m*

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.