

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024815

STATE FILE NUMBER

FILED AUG 6 1958 Registration District No. 50 Primary Registration District No. 4071 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Camden			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Camden		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Camdenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Camdenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb Years	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First George Middle M. Last Rhoadman			4. DATE OF DEATH Month July Day 24 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 20, 1893	9. AGE (In years less birthday) 64	10. FUNDING YEAR Months 6 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George Rhoadman		13b. MOTHER'S MAIDEN NAME Carrie E. Baird		14. NAME OF HUSBAND OR WIFE Mabel Mae Rhoadman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) Yes	16. SOCIAL SECURITY NO. 494-20-2147	17. INFORMANT Mabel Rhoadman		Address Camdenton, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute circulatory failure					INTERVAL BETWEEN ONSET AND DEATH acute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive heart disease					chronic
DUE TO (c) Arteriosclerosis					chronic
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from January 4, 1946 to July 24, 1958 and last saw ^{her} _{him} alive on July 24, 1958 Death occurred at 10:00 Pm on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Dale Blair</i> (Degree or title) D.O. 2			22b. ADDRESS Camdenton, Missouri		22c. DATE SIGNED July 26, 58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7/27/58	23c. NAME OF CEMETERY OR CREMATORY Dale Blair Cemetery		23d. LOCATION (City, town, or county) (State) Camdenton, Missouri	
24. FUNERAL DIRECTOR <i>D. Hedges</i> Hedges Funeral Home		ADDRESS Camdenton, Mo.	25. DATE RECD. BY LOCAL REG. July 27-1958	26. REGISTRAR'S SIGNATURE <i>Zilpha J. Inow</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

AUG 8 1958

AUG 9 1958

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 *Walter P. Hedges*

Licensed Embalmer No. 4265
P. O. Address Iberia, Missouri

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.