

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031856
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1030

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Joseph 0117 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Methodist Hospital | | Length of stay in lb 8 years | d. STREET ADDRESS (If outside, give location) 6030 King Hill Ave |
| | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last Ralph Rhoades | | | 4. DATE OF DEATH Month Day Year Sept. 25, 1958 | | |
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| 5. SEX Male <input checked="" type="checkbox"/> | 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 Aug. 11, 1875 | 9. AGE (In years (at birthday)) 83 | IF UNDER 1 YEAR Month Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fire works display | 10b. KIND OF BUSINESS OR INDUSTRY Wholesale | 11. BIRTHPLACE (City and state or country) Graham, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Marcus M. Rhoades | 13b. MOTHER'S MAIDEN NAME Mary Bond | 14. NAME OF HUSBAND OR WIFE Nina Rhoades |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. 491-20-6675 | 17. INFORMANT Address 422 S. Grant Marcus M. Rhoades Bloomington, Ind. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Caused by Chronic Pyelonephritis | | INTERVAL BETWEEN ONSET AND DEATH 6 weeks |
| DUE TO (b) Nephrosclerosis | | |
| DUE TO (c) 446X | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arteriosclerosis Heart Disease | | |

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| 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.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | 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 |
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| 21. I attended the deceased from August 25, 1958, to Sept 25, 1958, and last saw her alive on Sept 25, 1958 Death occurred at 11:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) Martin H. Chestnut | 22b. ADDRESS 6106 King Hill Avenue | 22c. DATE SIGNED 9/26/58 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | 23b. DATE Sept. 27, 58 | 23c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory | 23d. LOCATION (City, town, or county) (State) Kansas City, Mo. |
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| 24. FUNERAL DIRECTOR Clark Funeral Home ADDRESS St. Joseph, Mo. | 25. DATE RECD. BY LOCAL REG. Sept. 27, 1958 | 26. REGISTRAR'S SIGNATURE Mr. Clark Randall |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

REPTING 11-1-58

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 *E. A. Clark*

Licensed Embalmer No. *4738*
P. O. Address *St. Joseph*

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.