

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034964

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4629

STATE FILE NUMBER
62-034964

FILED SEP 24 1962

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Raytown	
c. FULL NAME OF HOSPITAL OR INSTITUTION Baptist Memorial Hosp		d. STREET ADDRESS (If outside, give location) 8901 E. 75th	

3. NAME OF DECEASED (Type or print) First Robert Middle Ronald Last Rhoads			4. DATE OF DEATH Month Sept. Day 7 Year 1962		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-7-1962	9. AGE (last birthday)	IF UNDER 1 YEAR Months 3 Days 4 Hours 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (Infant) None	10b. KIND OF BUSINESS OR INDUSTRY (Infant) None	11. BIRTHPLACE (City and state or country) Kansas City, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Charles L. Rhoads	13b. MOTHER'S MAIDEN NAME Phyllis Bell	14. NAME OF HUSBAND OR WIFE Infant
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. None
17. INFORMANT Address Charles L. Rhoads, 8901 E. 75th, Raytown, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Respiratory failure	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	Massive atelectasis	
DUE TO (b)		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 2:25 p.m. Month, Day, Year 9-7-62			
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 9-7-62 to 9-7-62 and last saw ^{her} alive on 9-7-62
Death occurred at 2:25 P 9-7-62 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>E. Conrad Shackelford, Jr. M.D.</i>	(Degree or title)	22b. ADDRESS <i>Raytown Clinic</i>	22c. DATE SIGNED <i>9-8-62</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-8-1962	23c. NAME OF CEMETERY OR CREMATORY Floral Hills	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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24. FUNERAL DIRECTOR Floral Hills Memorial Chapels, Inc Blue Ridge & Gregory	ADDRESS 9-10-62	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <i>A. L. Long</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Edward Shackelford, Jr.

VS 300 Rev. 4/59
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Dr. Blackford
Rayburn Clinic

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

John R. Bidman

Licensed Embalmer No. 4531

P. O. Address Lancaster City, Mo.

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.