

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **19739**
2504

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2504	
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, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 1		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		d. STREET ADDRESS (If rural, give location) 5810 GARFIELD AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5810 GARFIELD AVENUE				d. STREET ADDRESS (If rural, give location) 5810 GARFIELD AVENUE			
3. NAME OF DECEASED (Type or Print) a. (First) BETTY			b. (Middle) JOYCE			c. (Last) RADER	
4. DATE OF DEATH (Month) (Day) (Year) JUNE-7-1949							
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH JULY-28-1933	
9. AGE (In years last birthday) 15 YEARS		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME STUDENT			10b. KIND OF BUSINESS OR INDUSTRY R. J. DELAND SCHOOL			11. BIRTHPLACE (State or foreign country) KANSAS CITY, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U. S. A.							
13a. FATHER'S NAME JAMES L. RADER			13b. MOTHER'S MAIDEN NAME ZELNA MADDOCK			14. NAME OF HUSBAND OR WIFE _____	
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'S SIGNATURE OR NAME JAMES L. RADER ADDRESS 5810 GARFIELD AVE KANSAS CITY, MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) congenital dyslexia ANTECEDENT CAUSES DUE TO (b) Syphilis DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0202					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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) (m.)		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 May 1, 1949 , to May 20, 1949 , that I last saw the deceased alive on May 20, 1949 , and that death occurred at 7:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE S. J. T. Davis (Degree or title) S. J. Davis M.D. U.				23b. ADDRESS 901 Waldheim Bldg		23c. DATE SIGNED 6-7-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE-9-1949		24c. NAME OF CEMETERY OR CREMATORY FLORAL HILL'S CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 6-9-49		REGISTRAR'S SIGNATURE Sheldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE D. V. Newcomer's Sons ADDRESS 1331-BRUSH CREEK KANSAS CITY, MO.			

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

12:30. 1:30 P.M.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Edward M. Store

Signed.....
Student Embalmer

Licensed Embalmer No. 4452

P. O. Address K, C, 4 Me

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 this body is not embalmed, fact should be so stated above.