

FILED MAY 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16110**Registrar's No. **43**

BIRTH NO. _____		REG. DIST. NO. 52		PRIMARY REG. DIST. NO. 3009		Registrar's No. 43			
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution, complete before admission.) a. STATE Missouri b. COUNTY Cape Girardeau					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jackson Mo		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jackson Mo 0161		d. STREET ADDRESS (If rural, give location) S. 4th West St.			
d. FULL NAME OF HOSPITAL OR INSTITUTION S 4th West St.				d. STREET ADDRESS S. 4th West St.					
3. NAME OF DECEASED (Type or Print) a. (First) Susan b. (Middle) Kathryn c. (Last) Crader			4. DATE OF DEATH (Month) (Day) (Year) May 18 1950						
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept 30 1857	9. AGE (in years last birthday) 93	IF UNDER 1 YEAR Months 8 Days 18	IF UNDER 4 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Cape Girardeau Co. 0		12. CITIZEN OF WHAT COUNTRY? U S A.			
13a. FATHER'S NAME Claybern Allen			13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE John Crader Jackson Mo				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Willard Kinder Jackson Mo					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility ANTECEDENT CAUSES Aforbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 794X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 17, 1950 , to May 18, 1950 , that I last saw the deceased alive on May 18, 1950 , and that death occurred at 2:40 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) D. P. Suter				23b. ADDRESS Jackson Mo		23c. DATE SIGNED 5-19-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 20 1950		24c. NAME OF CEMETERY OR CREMATORY Crader Cemetery		24d. LOCATION (City, town, or county) (State) Bollinger Co Mo			
DATE REC'D BY LOCAL REG. May 19-50		REGISTRAR'S SIGNATURE D. P. Suter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McCombs Funeral Home Jackson Mo					

(Licensed Embalmer's Statement on Reverse Side)

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

