

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 20 1951

State File No. 9562

0800

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5935 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Georgetown</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Georgetown, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>23 yrs</u>		0800	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Georgetown, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>RFD - Sedalia, Mo</u>	
3. NAME OF DECEASED a. (First) <u>Arthur</u> b. (Middle) _____ c. (Last) <u>Montgomery Trader</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 19, 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED—NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Nov. 28, 1872</u>
9. AGE (In years last birthday) <u>78</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Accountant</u>	11. BIRTHPLACE (State or foreign country) <u>Sedalia Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	13a. FATHER'S NAME <u>John W. Trader</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>
13b. MOTHER'S MAIDEN NAME <u>Matilda Batterton</u>		16. SOCIAL SECURITY NO. <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Geo. Trader - Sedalia</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage, five years ago with hemiplegia. Second stroke, November, 14, 1950. Hemiplegia more pronounced. ANTECEDENT CAUSES</u>			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <u>Arterio-sclerosis-hypertension. Gradual onset.</u>			
DUE TO (c) <u>XXXX</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>XXXX</u>			<u>331X</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>No operation.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Neither.</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>No injury.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>XXXX</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>No injury.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>No injury.</u>	
22. I hereby certify that I attended the deceased from <u>Nov. 14, 1950</u> to <u>February, 1951</u> that I last saw the deceased alive on <u>February, 18, 1951</u> and that death occurred at <u>P/M</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>E. B. Prader, M.D.</u> (Degree or title)		23b. ADDRESS <u>112 West 4th Street, Sedalia, Mo</u>	23c. DATE SIGNED <u>3/3/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>3-21-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newcomers</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>
DATE REC'D BY LOCAL REG. <u>3-3-51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] - 519 So. 1st</u>	

RECEIVED 3-19-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 3-19-51

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 \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3152

P. O. Address Edalio Ave

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.