

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21038
144
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>403 No Buchanan</u>		d. STREET ADDRESS (If rural, give location) <u>403 No Buchanan</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>E. Radabaugh</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>June 13 1951</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) _____	8. DATE OF BIRTH <u>Feb 12 1879</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>1</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME <u>Michael Radabaugh</u>	13b. MOTHER'S MAIDEN NAME <u>America Polson</u>	14. NAME OF HUSBAND OR WIFE <u>Bertha</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/> _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs W. E Radabaugh</u> ADDRESS <u>Moberly Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage causing right hemiplegia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>one day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Hypertension</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>331x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</u>	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) _____	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 June 7, 1951, to June 13, 1951, that I last saw the deceased alive on June 12, 1951, and that death occurred at 11:45 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>A. L. E. Hube, M.D.</u> (Degree or title)	23b. ADDRESS <u>400 1/2 West Reed, Moberly Mo.</u>	23c. DATE SIGNED <u>6-15-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 15 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Mem. Gardens</u>	24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>
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DATE REC'D BY LOCAL REG. <u>June 15 51</u>	REGISTRAR'S SIGNATURE <u>William Joseph Mahan</u>	FUNERAL DIRECTOR'S SIGNATURE <u>William Joseph Mahan and Son</u> ADDRESS <u>Moberly Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 27 1951

JUN 18 1951

Date Received: JUN 18 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-51-1094
Date Filed: JUN 18 1951

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 Frank D DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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 this body is not embalmed, fact should be so stated above.