

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40775**
1291

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Buchanan.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Rockport</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>1 Mo. 18 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2.</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Edward</u> c. (Last) <u>STRADER.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-14-1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>4-14-1865.</u>		9. AGE (in years last birthday) <u>86</u>		10. IF UNDER 1 YEAR: Months <u>8</u> Days <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Barber.</u>		11. BIRTHPLACE (State or foreign country) <u>Arko. Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>William R. Strader</u>		13b. MOTHER'S MAIDEN NAME <u>Emilie Swenford</u>		14. NAME OF HUSBAND OR WIFE <u>Alvada Strader.</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>		16. SOCIAL SECURITY NO. <u>None.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Mitchell - Rockport, Missouri</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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 10-26-1951, to 12-14-1951, that I last saw the deceased alive on 12-14-1951, and that death occurred at 6:58 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harriet Thomas, D.M.D.</u>		23b. ADDRESS <u>State Hospital No. 2, St. Joseph, Mo.</u>		23c. DATE SIGNED <u>12-14-1951.</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12/14/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rockport, Missouri</u>		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. <u>Dec. 18, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heaton - Bowman Funeral Home</u> <u>St. Joseph, Mo.</u>	
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WHITE PLAINLY—USE G UNFADING BLACK INK—MAKE A PERMANENT RECORD
 BY MISSOURY O.R.

1961-3
1772

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 William Galding

Licensed Embalmer No. 4525

P. O. Address 319 S. 11th St. St. Joseph, 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.