

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5008

State File No. 536  
Registrar's No.

FILED FEB 16 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 60 yrs		d. STREET ADDRESS (If rural, give location) 3952 Clark Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Hospital			

3. NAME OF DECEASED (Type or Print) Loie	a. (First)	b. (Middle)	c. (Last) Hader	4. DATE OF DEATH (Month) (Day) (Year) Feb. 1 1952
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5. SEX Fe	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 1, 1874	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Homemaking	11. BIRTHPLACE (State or foreign country) Macon, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME J. D. Harris	13b. MOTHER'S MAIDEN NAME Frances	14. NAME OF HUSBAND OR WIFE George Hader
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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 ADDRESS Mr. John W. McDowell 4914 W 57th
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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) MEDICAL CERTIFICATION (a) Arteriosclerotic Heart Disease 10 yrs.		INTERVAL BETWEEN ONSET AND DEATH 12 hrs
	ANTECEDENT CAUSES (b) Acute gastro enteritis		
	II. OTHER SIGNIFICANT CONDITIONS (c) Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9-5, 1946, to 2-1, 1952, that I last saw the deceased alive on 2-1, 1952, and that death occurred at 11 P. M., from the causes and on the date stated above.

23a. SIGNATURE G.R. Maser (Degree or title) M.D.	23b. ADDRESS Mission, Kansas	23c. DATE SIGNED 2/4/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 5, 1952	24c. NAME OF CEMETERY OR CREMATORY Mount Moriah	24d. LOCATION (City, town, or county) (State) Jackson Mo.
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DATE REC'D BY LOCAL REG. 2-4-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Geo. W. Griffith	ADDRESS 5540 Johnson Drive
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7/2 5515-

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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, ~~only~~.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Harold B. Eckert

Licensed Embalmer No. 3035

P. O. Address H. B. Eckert

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.