S. No. 300
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FILED MAY 6 1952

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

X

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13378

BIRTH NO. 12¾   REG. DIST. NO. 163   PRIMARY REG. DIST. NO. 3031   Registrar's No. 26

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. COUNTY Jefferson	a. STATE Mo. b. COUNTY Jefferson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DeSoto c. LENGTH OF STAY (in this place) Yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN De Soto 0502
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 524 E. Pratt St.	d. STREET ADDRESS (If rural, give location) 524 E. Pratt St.

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)
a. (First) George	b. (Middle) William	c. (Last) Aders	Apr. 12, 1952

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 9, 1886	9. AGE (In years last birthday) 65 If UNDER 1 YEAR Months Days If UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker	10b. KIND OF BUSINESS OR INDUSTRY Gen'l. Hauling	11. BIRTHPLACE (State or foreign country) St. Clair Co., Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George W. Aders	13b. MOTHER'S MAIDEN NAME Christine Hoffmeister	14. NAME OF HUSBAND OR WIFE Cora Lee Aders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Geo. W. Aders ADDRESS DeSoto, Mo.

18. CAUSE OF DEATH	MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c).	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral hemorrhage	June 1951
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardio-vascular renal disease	2 year
	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 442X	20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1951, to april 12, 1952, that I last saw the deceased alive on april 11, 1952, and that death occurred at 2:45 m., from the causes and on the date stated above.

23a. SIGNATURE Noel V. McMinistryU (Degree or title) M.D.	23b. ADDRESS DeSoto Mo	23c. DATE SIGNED apr. 14, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/15/52	24c. NAME OF CEMETERY OR CREMATORY Bethlehem	24d. LOCATION (City, town, or county) (State) Ware Mo.

DATE REC'D BY LOCAL REG. 4-24-52	REGISTRAR'S SIGNATURE Marie Farris 146	25. FUNERAL DIRECTOR'S SIGNATURE J Lee Mothershead ADDRESS DeSoto, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 _Andrew H. England_

Licensed Embalmer No. ____4745

P. O. Address ____DeSoto, 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.