

LED JUN 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21470**

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **113**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR Rolla, Missouri		c. CITY (If outside corporate limits, write RURAL and give township), OR Rural Meramec twp 0810	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Phelps Co, Memorial Hosp			

3. NAME OF DECEASED (Type or Print)	a. (First) Roderick	b. (Middle) Lon	c. (Last) Strader	4. DATE OF DEATH (Month) (Day) (Year) June 9 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH April 22-1946	9. AGE (In years last birthday) 6	IF UNDER 1 YEAR Months 1 Days 17	IF UNDER 24 HRS. Hours 1 Min 17
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Dansville, Ohio	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Virgil Strader	13b. MOTHER'S MAIDEN NAME Dorothy Kanstienen	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Virgil Strader, St. James, Missouri
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured appendix with peritonitis		INTERVAL BETWEEN ONSET AND DEATH 24 hrs?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Enlarged Thyroid			

19a. DATE OF OPERATION 6/9/52	19b. MAJOR FINDINGS OF OPERATION Ruptured appendix	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) Rolla Mo
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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?
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22. I hereby certify that I attended the deceased from **6-9**, 19**52**, to **6-9**, 19**52**, that I last saw the deceased alive on **6-9**, 19**52**, and that death occurred at **9:30** a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>James W. Ingers</i>	(Degree or title) MD	23b. ADDRESS Rolla Mo	23c. DATE SIGNED 6/12/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-13-52	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Herman, Missouri
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DATE REC'D BY LOCAL REG. June 12, 1952	REGISTRAR'S SIGNATURE Nadine L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gahr Funeral Home St. James, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

812
100

County File Number
Date Filed 6-18-52

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 _____

working under my personal supervision.

Student Embalmer No.

Signed B. B. Muel

Signed.....
Student Embalmer

Licensed Embalmer No. 3397

P. O. Address Raven 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.