

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27840

State File No. \_\_\_\_\_

FILED SEP 2- 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5486 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>Harrison</u> <u>0410</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Martinsville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Home in Martinsville</u> <u>0710</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home in Martinsville</u>		d. STREET ADDRESS (If rural, give location) <u>Martinsville</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Lemma</u> c. (Last) <u>Rader</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 24 1952</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Dec 10 1881</u>	9. AGE (In years last birthday) <u>70</u>	UNDER 1 YEAR <u>8</u> MONTHS <u>14</u> DAYS	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired post master</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Post master</u>	11. BIRTHPLACE (State or foreign country) <u>New Hampton Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Rader</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Jane Funk</u>	14. NAME OF HUSBAND OR WIFE <u>Edna Rader Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Howard H. Pratt</u> ADDRESS <u>3089 So. Albemarle St. Arlington, Virginia</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>undef</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>4201</u>
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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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from before after, death, 1952, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 11 p.m., from the causes and on the date stated above.

22a. SIGNATURE <u>J. G. Reich</u> County Health Officer (Degree or title) <u>50.5 - Holbary Mo</u>	23b. ADDRESS	23c. DATE SIGNED <u>8-25-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 28 1952</u>	24c. NAME OF CEMETERY OR CREMATORY, LOCATION (City, town, or county) (State) <u>Widwell Cemetery Harrison County MO</u>
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DATE REC'D BY LOCAL REG. <u>8/28/52</u>	REGISTRAR'S SIGNATURE <u>Zola Burris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W &amp; Noble &amp; son</u> ADDRESS <u>New Hampton MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed W H Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton 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.