

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28623

State File No. ....

FILED AUG 26 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5641 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> c. LENGTH OF STAY (in this place) <u>Dover</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Dover Twn)</u> <u>0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>1 1/2 Mile North of Higginsville</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Earnest</u> c. (Last) <u>Hader</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 17th 1952</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 17th 1880</u>	9. AGE (In years last birthday) <u>72</u>	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) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Lafayette Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>

13a. FATHER'S NAME <u>Earnest Hader</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Brand</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Hader Deceased</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Earl Hader Higginsville, Mo.</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, ashenia, 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 Metastases</u>			<u>1 month</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of prostate</u> DUE TO (c)			<u>3 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition</u>		<u>1 month</u>		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 Jan. 1951, to 17 Aug. 1952, that I last saw the deceased alive on 17 Aug. 1952, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. W. B. Benz</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>Higginsville</u>		23c. DATE SIGNED <u>8/19/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/19/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical Cemetary</u>	
				24d. LOCATION (City, town, or county) (State) <u>Higginsville, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Aug 21-1952</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Lendrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Hader Higginsville, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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, or by.....

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Forest Rickard*

Licensed Embalmer No. *4284*

P. O. Address *Higginsville, 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.