

LED MAR 16 1953

STANDARD CERTIFICATE OF DEATH

State File No. 8680
Registrar's No. 34

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002

043
u

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

1. PLACE OF DEATH a. COUNTY AUDRAIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY AUDRAIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MEXICO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MEXICO 8043	
d. FULL NAME OF HOSPITAL OR INSTITUTION MEXICO GENERAL HOSP. MO.		d. STREET ADDRESS (If rural, give location) 802 N. JEFFERSON	

3. NAME OF DECEASED (Type or Print) a. (First) EARL b. (Middle) THOMAS c. (Last) SHRADER			4. DATE OF DEATH (Month) (Day) (Year) MARCH 7 - 1953		
--	--	--	---	--	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3	8. DATE OF BIRTH FEB. 7, 1888	9. AGE (In years last birthday) 65	if UNDER 1 YEAR Months 1	if UNDER 24 HRS. Hours 1 Min.
--------------------	-------------------------------	--	--------------------------------------	---	---------------------------------	--------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GENERAL LABORER	10b. KIND OF BUSINESS OR INDUSTRY FIRE BRICK PLANT	11. BIRTHPLACE (State or foreign country) MONROE Co., MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	--	--

13a. FATHER'S NAME HENRY THOMAS SHRADER	13b. MOTHER'S MAIDEN NAME ELOHORE HILLS	14. NAME OF HUSBAND OR WIFE
--	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. YES	17. INFORMANT'S SIGNATURE OR NAME MRS. W. C. TRUMBO, MEXICO, MO.	ADDRESS
---	------------------------------------	---	---------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 15 hrs 2 years 18 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary embolism		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary artery disease DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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 **3-5**, 19**53**, to **3-7**, 19**53**, that I last saw the deceased alive on **3-6**, 19**53**, and that death occurred at **2:05 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE H. D. ...	(Degree or title) Lo. O.	23b. ADDRESS Truce, Mo	23c. DATE SIGNED 3-7-53
---------------------------------	---------------------------------	-------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAR 9 - 1953	24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE	24d. LOCATION (City, town, or county) (State) TARIS, MISSOURI
---	-------------------------------	--	--

DATE REC'D BY LOCAL REG. Mar 9 - 1953	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE Speed Blakey	ADDRESS TARIS, MO
--	--	--	--------------------------

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 *E. J. Agnew*

Licensed Embalmer No. 4000

P. O. Address Paris, 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.