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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED: APR 25 1953

State File No. 14528

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1896

1. PLACE OF DEATH
a. COUNTY: JACKSON COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LAFAYETTE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HIGGINSVILLE 0541
d. STREET ADDRESS (If rural, give location): X /

3. NAME OF DECEASED (Type or Print)
a. (First): NOAH
b. (Middle): M.
c. (Last): STRADER

4. DATE OF DEATH (Month) 4 (Day) 8 (Year) 53

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: 2 10 67
9. AGE (In years last birthday): 86 — 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): RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY: ——
11. BIRTHPLACE (State or foreign country): ILLINOIS 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Daniel Strader
13b. MOTHER'S MAIDEN NAME: Emily McAllister
14. NAME OF HUSBAND OR WIFE: Mattie B. Strader

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Mrs Homer Rhodes — ADDRESS: Higginsville Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 8 HRS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): FRACTURE INTERTROCHANTERIC, LEFT HIP — 36 HRS
DUE TO (c): CARDIAC DECOMPENSATION — APPROX 2 WKS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION: ——
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20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HOME
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): HIGGINSVILLE LAFAYETTE, MISSOURI
21d. TIME OF INJURY (Month) 4 (Day) 6 (Year) 53 (Hour) 2:00 PM m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: FELL IN HOME ON FLOOR

22. *I hereby certify that I attended the deceased from* 4/6/, 1953, *to* 4/8, 1953, *that I last saw the deceased alive on* 11:30 PM 4/7, 1953, *and that death occurred at* 1:25 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Ernest D. Szabados (Degree or title): Ernest D. Szabados, M.D.
23b. ADDRESS: ST. LUKES HOSPITAL
23c. DATE SIGNED: 4/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: APR 8, 1953
24c. NAME OF CEMETERY OR CREMATORY: CITY CEMETERY
24d. LOCATION (City, town, or county) (State): HIGGINSVILLE MO.

DATE REC'D BY LOCAL REG.: 4-8-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: W. H. Hader — ADDRESS: Higginsville

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Forest Rickher

Signed.....
Student Embalmer

Licensed Embalmer No. 42844

P. O. Address Hegginsville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.