

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20959

State File No. ....

FILED JUN 27 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 5792 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>CARROLL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.F.D. Carrollton, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TINA, Mo.</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>e. h.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lamb's Township</u>		d. STREET ADDRESS (If rural, give location) <u>e. h.</u>	
3. NAME OF DECEASED a. (First) <u>BEULAH</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>SHRADER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-21-53</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>April 11-1899</u>
9. AGE (In years last birthday) <u>54</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NURSE</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Carroll County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>James E. Blakely</u>		13b. MOTHER'S MAIDEN NAME <u>LORETTA Barlow</u>	
14. NAME OF HUSBAND OR WIFE <u>Ed. SHRADER Deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>500-22-0428</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs George Wilkerson Carrollton 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the cervix + uterus</u> ANTECEDENT CAUSES Morbidity 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 <u>171X</u>	
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 <u>April 1, 1953</u> to <u>6-21, 1953</u> that I last saw the deceased alive on <u>6-19, 1953</u> and that death occurred at _____ m. from the causes and on the date stated above.			
23a. SIGNATURE <u>Ed. D. Hamilton</u>		23b. ADDRESS <u>Station WRO, Carrollton, Mo.</u>	
23c. DATE SIGNED <u>June 23, 1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-24-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Fair Haven</u>		24d. LOCATION (City, town, or county) (State) <u>Northome Mo.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Herbert Calvert</u>		ADDRESS <u>Ed. D. Hamilton, Carrollton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6/23/53</u>		REGISTRAR'S SIGNATURE <u>Mr. Herbert Calvert</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....

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

working under my personal supervision.

Signed.....

*E. A. Dickerson*

Signed.....

Student Embalmer

Licensed Embalmer No. *2534*

P. O. Address.....

*Seyard, Mo*

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.