

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25793

FILED JUL 27 1953

State File No. 140

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4283 Registrar No. 140

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Graham, rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Graham-rural</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0740</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jackie</u>		b. (Middle)		c. (Last) <u>Rader</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-19-1953</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>10-18-1940</u>	
9. AGE (In years last birthday) <u>12</u>		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Fairfax - Mo -</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>							

13a. FATHER'S NAME <u>A.L. Rader</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Tomm</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>A.L. Rader - Graham - 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>drowning</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>none</u>			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>E 9291</u> <u>42</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no operations</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident farm Pond</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hughes Twp. Nodaway Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-19-53 5 P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from not attended to _____, 19____, that I last saw the deceased alive on not seen, and that death occurred at 5 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. Deane - Coroner - MD</u>		(Degree or title)		23b. ADDRESS <u>Maryville Mo.</u>		23c. DATE SIGNED <u>7-20-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7-31-1953</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Linden Cem - Linden - Mo</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>7-23-53</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>L.M. Atkinson Maryville Mo.</u>			

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

140

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.

Signed.....
Student Embalmer

Signed *L M Johnson*
Student Embalmer No.

Licensed Embalmer No. *2279*

P. O. Address *Wagonville*

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.