

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 14 1954

State File No. 19587

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived, or if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cowdell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Cowdell</u> <i>0130</i>	
c. LENGTH OF STAY (In this place) <u>2 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>2 mi. SW Cowdell, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chillicothe Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>GRACE</u> c. (Last) <u>RADER</u>			4. DATE OF DEATH <u>7/4/1954</u> (Month) (Day) (Year)		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Nov. 4, 1896</u>		9. AGE (In years last birthday) <u>58</u>		10. # UNDER 1 YEAR <u>0</u> # UNDER 1 MONTH <u>0</u> # UNDER 1 HOUR <u>0</u> # UNDER 1 MIN. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Braymer, Mo.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>E. T. Messonbaugh</u>		13b. MOTHER'S MAIDEN NAME <u>Anna E. Porcival</u>		14. NAME OF HUSBAND OR WIFE <u>Carl S. Rader</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carl S. Rader, Cowdell, Mo.</u> ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		DUE TO (b) <u>Chronic Nephrophtis</u>				<u>6 DAYS</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Parkinson Disease</u>				<u>3 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Neurogenic Urinary bladder</u>						<u>4 1/2 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>350 X</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) (Min.)		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 10 May, 1954, to 4 July, 1954; that I last saw the deceased alive on 4 July, 1954, and that death occurred at 3 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. Martin MD</u> (Degree or title)		23b. ADDRESS <u>Chillicothe Mo.</u>		23c. DATE SIGNED <u>5 July 54</u>	
------------------------------------------------------	--	-------------------------------------	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/6/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cowdell Comotery</u>		24d. LOCATION (City, town, or county) (State) <u>Cowdell, Mo.</u>	
---------------------------------------------------------	--	---------------------------	--	------------------------------------------------------------	--	-------------------------------------------------------------------	--

DATE REC'D BY LOCAL REG. <u>7-5-54</u>		REGISTRAR'S SIGNATURE <u>Francis B. Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Genie, Michael</u> ADDRESS <u>Braymer, Mo.</u>	
----------------------------------------	--	-----------------------------------------------	--	------------------------------------------------------------------------------------	--

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.~~

~~Student~~
Student Embalmer

Signed Lenek Michael

Licensed Embalmer No. 4340

P. O. Address Braymers, 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.