a. COUNTY b. CITY (If outside corporate limite, write RURAL and give township) OR TOWN DONIPHEN  d. FULL NAME OF (If not in bospital or institution, give street address or location)  A. STATE  TOWN DONIPHEN  d. FULL NAME OF (If not in bospital or institution, give street address or location)  A. STATE  TOWN DONIPHEN  TOWN DONIPHEN Rt. # 3  OR	y) (Year) 1 1954   F DECER 11 HOSS.   Hours   Min.
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d. FULL NAME OF (If not in bospital or institution, give street address or location)  HOSPITAL OR INSTITUTION COMMUNITY HOSPITAL  3. NAME OF a. (First)  DECEASED b. (Middle)  C. (Last)  J. NAME OF OF OR ACE (Month)  (Type or Print)  Frank William Ader  J. MARRIED, NEVER MARRIED, B. DATE OF BIRTH  JOA, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Hospital Community Hospital  C. (Last)  J. DATE (Month) (Da OF OF DECEASED)  J. MARRIED, NEVER MARRIED, B. DATE OF BIRTH  JOB, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  J. Wildowed  J. Married, NEVER MARRIED, B. DATE OF BIRTH  JOB, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  J. BIRTHPLACE (City and State or Foreign Country)  J. J. INFORMANT'S SIGNATURE OR NAME  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  J. MINIOTERS AND COUNTRY A	y) (Year) 1 1954  F DECE M SEE. Min.
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR COMMUNITY HOSPITAL  3. NAME OF a. (First) DECEASED (Type or Print) Frank William Ader  5. SEX 6. COLOR OR RACE Wildwed, DIVORCED (Specify) Wildwed, DIVORCED (Specify) Farmer  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Frank Ader  13b. Mother's Maiden Name  13c. FATHER'S NAME  13c. FATHER'S NAME  13d. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH  MEDICAL CERTIFICATION  18. CAUSE OF DEATH  MEDICAL CERTIFICATION  A. STREET (If rural, give location) ADDRESS  (If cast) ADDRESS  (If rural, give location) ADDRESS  (If cast) ADDRES	y) (Year) 1 1954  of Discer is NESS. Hours   Min.
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13a. FATHER'S NAME   13b. MOTHER'S MAIDEN NAME   14. NAME OF HUSBAND OR WIFE	TIZEN OF WHAT
13a. FATHER'S NAME   13b. MOTHER'S MAIDEN NAME   14. NAME OF HUSBAND OR WIFE	INTRY?
Frank Ader  Unknown  Is. was deceased ever in u.s. armed forces? Is. Social security No.  No.  15. Was deceased ever in u.s. armed forces? Is. Social security No.  No.  16. Social security No.  17. INFORMANT'S SIGNATURE OR NAME  (Yes, 20, or unknown) (If yes, give war or dates of service) 492 16 4314 A.B. Ader Oderse, Texas  MEDICAL CERTIFICATION	S.A
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NO 492 16 4314 A.B. Ader Odesse, Texas  18. CAUSE OF DEATH . MEDICAL CERTIFICATION INTO	ADDRESS
18. CAUSE OF DEATH MEDICAL CERTIFICATION	
1 1 to CAUSE OF DEATH	RVAL BETWEEN
Enter only one cause per   I. DISEASE OR CONDITION	ET AND DEATH
Enter only one cause per line for (a), (b), and (c)  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myseralial Safart  A second	mour
This does not mean ANTECEDENT CAUSES	
the mode of syring, such   Morbid condutions, if any, giving	man a
E    etc. It means the dis-   the blocks   the blocks	1 4
tion which caused death.  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death:	
4	
TION 4200	AUTOPSY?
21a, ACCIDENT (Specify) 21b, PLACE OF INJURY (e.g., to or about 21c, (CITY, TOWN, OR TOWNSHIP) (COUNTY)	STATE)
21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., to or about SUICIDE	(DIAIL)
	<del>;</del>
D 200. 1/mil. 9 (massia) (train) (trai	
2. I hereby certify that I attended the deceased from 4952, to 8/2/, to 1954, that I last saw	
alive on 3/2/ 1954, and that death occurred at 9/15/2 m., from the causes and on the date stated abo	
23e. SIGNATURE (Degree or title) 23b. ADDRESS	DATE SIGNED
24 RURIAL CREMA 1 24K BATE 1 24C, NAME OF CEMETERY OF CREMATORY / 24d, LOCATION (City, town, or county)	State
F I TION SENOVAL (A	/ (State)
Runial 8-24-1954 Antioch Cometany Oxly, Mo.	
BEC NOTIFICATION 1	
9-9-54 Of Streeting Ol Edwards Funeral Home Doninh	_
(likened Embelmer's Statement on Reverse Side)	_

I hereby certify that the body whose name is record	led on the reverse side of this c	ertificate was embalu	ned by me, or by	
		Student Embalmer	Ro	
orking under my personal tupervision			. ^	

the above constitutes grounds for revocation of license.)

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING, (Failure to comply with

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