

FILED NOV 17 1955

STANDARD CERTIFICATE OF DEATH

State File No. 32619

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 315

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City	
c. LENGTH OF STAY (In this place) 11 1/2		d. STREET ADDRESS (If rural, give location) 512 Morris	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital			

3. NAME OF DECEASED (Type or Print) Anna Mae Rader			4. DATE OF DEATH Nov. 2, 1955		
a. (First)	b. (Middle)		c. (Last)	4. DATE (Month) (Day) (Year)	OF DEATH Nov. 2, 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 22, 1896	9. AGE (In years last birthday) 59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY OWN		11. BIRTHPLACE (City and State or Foreign Country) Mokane, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Samuel Boofer		13b. MOTHER'S MAIDEN NAME Mary Ellen Spillars		14. NAME OF HUSBAND OR WIFE Charles L. Rader	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward Rader Jefferson City, Mo	

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) Carcinoma of rectum & metastasis		DUE TO (b)		1 yr	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) 754X			
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 Oct 10, 1955, to Nov. 2, 1955, that I last saw the deceased alive on Nov 2, 1955, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE Robert H. Barnes, M.D.		23b. ADDRESS Jefferson City, Mo.		23c. DATE SIGNED Nov. 3, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 4, 1955		24c. NAME OF CEMETERY OR CREMATORY Longview Cemetery	
				24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.	
DATE REC'D BY LOCAL REG. 4 Nov 1955		REGISTRAR'S SIGNATURE R.P. Davis M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Victor Buescher Jefferson City, Mo.	

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Victor Buscher

Licensed Embalmer No. 3701

P. O. Address *Jefferson City*

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

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