

FILED JUL 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24291**

BIRTH NO.		REG. DIST. NO. 171		PRIMARY REG. DIST. NO. 5639		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette			
b. CITY (If outside corporate limits, write RURAL and give town) Rural Washington Twns		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Washington Twns.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8 Miles South east of Odessa				e. STREET ADDRESS (If rural, give location) 8 Miles SE of Odessa			
3. NAME OF DECEASED (Type or Print) a. (First) Nora		b. (Middle) Lee		c. (Last) Hader		4. DATE OF DEATH (Month) (Day) (Year) July 5, 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH June 27, 1885	
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) 0	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Fred Hader		13b. MOTHER'S MAIDEN NAME Elizabeth Hurr		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Elizabeth Plaster, Mayview, Mo.			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Fracture of skull due to a 10 days antepartum hemorrhage Epitubular bone.				INTERVAL BETWEEN ONSET AND DEATH	
		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 9040				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) at home		21c. (CITY, TOWN, OR TOWNSHIP) COUNTY (STATE) Washington Twns Lafayette Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 28 1956		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? a fall			
22. I hereby certify that I attended the deceased from June 28 1956 to July 5, 1956 that I last saw the deceased alive on June 28, 1956 and that death occurred at 4:30 PM from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) L. Scherely, M.D.				23b. ADDRESS Odessa Mo		23c. DATE SIGNED 7/6/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 7, 1956		24c. NAME OF CEMETERY OR CREMATORY Odessa Cemetery		24d. LOCATION (City, town, or county) (State) Odessa, Mo.	
DATE/REC'D BY LOCAL REG. 7/6/56		REGISTRAR'S SIGNATURE Emma Davidson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Busman Sparks Odessa, Mo.			

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

45

JUL 18 1956

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.....
Signature of Student Embalmer

Signed *Living L. Newman*.....
Licensed Embalmer No. *7541*
P. O. Address *Odessa*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.