No. 300
10.48

FILED OCT 1 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32969

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 454X Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY: WEBSTER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NIANGUA
c. LENGTH OF STAY (In this place): 3 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: WEBSTER
c. CITY OR TOWN: NIANGUA
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1120

3. NAME OF DECEASED (Type or Print)
a. (First): LAURA
b. (Middle): ELLEN
c. (Last): RADER

4. DATE OF DEATH (Month) (Day) (Year): SEPT 13 1956

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: FEB 15 1877
9. AGE (In years last birthday): 79
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State, or Foreign Country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: ABE BUCK
13b. MOTHER'S MAIDEN NAME: MARY WHEELER
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: OVID RADER
ADDRESS: MARSHFIELD

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ARTERIOLAR NEPHROSCLEROSIS
DUE TO (c) ADVANCED ARTERIOSCLEROSIS

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: 446X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-1, 19 56, *to* 9/13, 19 56, *that I last saw the deceased alive on* 9/12, 19 56, *and that death occurred at* 445 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Marshfield, Mo.
23c. DATE SIGNED: 9/15/56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9-15-1956
24c. NAME OF CEMETERY OR CREMATORY: ROBERTSON
24d. LOCATION (City, town, or county) (State): WEBSTER Co MO

DATE REC'D BY LOCAL REG.: 9-27-56
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR'S SIGNATURE: BARBER-EDWARDS
ADDRESS: MARSHFIELD

(Licensed Embalmer's Statement on Reverse Side)

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

392 0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed George Stapp

Licensed Embalmer No. 316

P. O. Address Mtn. Gue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.