

STANDARD CERTIFICATE OF DEATH

44652

FILED JAN 21 1957

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3017 Registrar's No. 122

1. PLACE OF DEATH  
a. COUNTY CLAY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)  
a. STATE MISSOURI b. COUNTY CLAY

b. CITY (If outside corporate limits, write RURAL and give township)  
Excelsior Springs c. LENGTH OF STAY (in this place) 19 DAYS

c. CITY OR TOWN EXCELSIOR SPRINGS d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION EXCELSIOR SPRINGS HOSPITAL

STREET ADDRESS (If rural, give location) 1/2 mi. S. EXCELSIOR SPRINGS

3. NAME OF DECEASED  
a. (First) HARRY b. (Middle) L. c. (Last) STRADER

4. DATE OF DEATH (Month) (Day) (Year) DEC. 16, 1956

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH JUNE 19, 1904 9. AGE (In years last birthday) 52

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AGENT

10b. KIND OF BUSINESS OR INDUSTRY RAILWAY EXPRESS

11. BIRTHPLACE (City and State, or Foreign Country) CONCORDIA, Mo.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME W. D. STRADER

13b. MOTHER'S MARDEN NAME MARY BORGSTADT

14. NAME OF HUSBAND OR WIFE EDNA S. STRADER

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. 491-07-5517

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. H. L. STRADER, Rt. #1 Ex. Sprs, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Menia  
INTERVAL BETWEEN ONSET AND DEATH 5 days  
  
ANTECEDENT CAUSES  
DUE TO (b) Amnia secondary to Bill Peritonitis 5 days  
Secondary to Surgery performed for  
DUE TO (c) Obstructive jaundice 16 days  
  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

20. AUTOPSY? 2  
YES  NO

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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)

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 2/16, 1956, to 12/16, 1956, that I last saw the deceased alive on 12/16, 1956, and that death occurred at 6:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert B. Robinson M.D.

23b. ADDRESS Excelsior Springs, Mo.

23c. DATE SIGNED 12/17/56

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 12-19-56

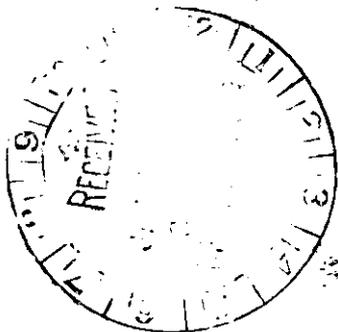
24c. NAME OF CEMETERY OR CREMATORY HOUSTONIA CEM.

24d. LOCATION (City, town, or county) (State) HOUSTONIA, Mo.

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE Carolene Hutchings

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Prichard Funeral Home, Inc. Excelsior Springs, Missouri

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



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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 *Lindell Jarman*.....

Licensed Embalmer No. *458*  
P. O. Address *Excelsior Springs,*

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.