

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 0 27 4 6 5  
State File No.

FILED SEP 10 1957

53

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 4042 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lutesville</u>		c. CITY OR TOWN <u>Lutesville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>7yrs</u>		e. STREET ADDRESS (If rural, give location) <u>2090</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUAL</u>		b. (Middle) <u>HARVE</u>	
		c. (Last) <u>CRADER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>9-3-1957</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-13-1875</u>
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bollinger Co.</u>
		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Samual G. Crader</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Nance</u>	14. NAME OF HUSBAND OR WIFE <u>Hattie Crader</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Hattie Crader, Lutesville, Mo.</u>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dissection of aortic aneurysm</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis, Generalized. ? years</u> DUE TO (c) <u>Intractable congestive heart failure 6 mos.</u> 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? <u>2</u> YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>5/21</u> , 19 <u>57</u> , to <u>9/3</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>9/3</u> , 19 <u>57</u> , and that death occurred at <u>2:10 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. Breece M.D.</u> (Degree or title)		23b. ADDRESS <u>Marble Hill, Mo.</u>	
		23c. DATE SIGNED <u>9/5/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-5-57</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Bollinger Co. Mem</u>		24d. LOCATION (City, town, or county) (State) <u>Lutesville Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-6-57</u>		REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gene Ward, Lutesville, Mo.</u>	

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

520

**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..... *R. O. Laine*

Licensed Embalmer No. *4532*

P. O. Address..... *Jackson, m*

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.