

STANDARD CERTIFICATE OF DEATH

FILED NOV 4 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1022-B

5. 300  
1-57

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SPRINGFIELD</u>		c. CITY OR TOWN <u>RADER MO</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BAPTIST Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>1/4 mi NORTH</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ARTHUR THOMAS RADER</u>		4. DATE OF DEATH Month Day Year <u>OCT 20 1957</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 23 1909</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>
13a. FATHER'S NAME <u>SIMEON RADER</u>		13b. MOTHER'S MAIDEN NAME <u>CHRISTINA KRUSE</u>	14. NAME OF HUSBAND OR WIFE <u>FREDA</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>		17. INFORMANT Address <u>491-42-6659 FREDA RADER RADER MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Infarction</u> DUE TO (b) <u>Pulmonary Embolism</u> DUE TO (c) <u>Femoral Thrombosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>---</u>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.) <u>---</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u>---</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>---</u>	
21. I attended the deceased from <u>11 Oct 57</u> to <u>20 Oct 57</u> and last saw her alive on <u>20 Oct 1957</u> Death occurred at <u>2 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>28 Oct 57</u>	
22a. SIGNATURE (Degree or title) <u>Stanley A. Peterson M.D.</u>		22b. ADDRESS <u>Springfield, MO</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>10-23-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>RADER</u>	23d. LOCATION (City, town, or county) (State) <u>RADER MO</u>
24. FUNERAL DIRECTOR ADDRESS <u>BARBER EDWARDS MARSHFIELD</u>		25. DATE RECD. BY LOCAL REG. <u>10-29-57</u>	26. REGISTRAR'S SIGNATURE <u>Edith Williams</u>

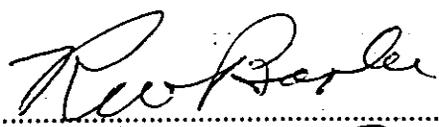
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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  .....

Licensed Embalmer No. 3548

P. O. Address W. W. Krone No.

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.