

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1958

1650  
STATE FILE NUMBER

Registration District No. 27.5.6 Primary Registration District No. 2001 Registrar's No. 50

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOPLIN</b>		c. CITY OR TOWN <b>JOPLIN</b> <u>0495</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSP.</b>		d. STREET ADDRESS <b>405 CONNOR AVE.</b>	
Length of stay in lb <b>43 YRS</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>LLOYD</b> Middle <b>B.</b> Last <b>RADER</b>			4. DATE OF DEATH <b>JANUARY 23, 1958</b>		
			Month Day Year		

5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MAY 17, 1893</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NEWSPAPER CARRIER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>- JOPLIN GLOBE</b>	11. BIRTHPLACE (City and state or country) <b>MINDENMINES, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>LEE RADER</b>	13b. MOTHER'S MAIDEN NAME <b>ELLA NEECE</b>	14. NAME OF HUSBAND OR WIFE <b>ILA RADER</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>UNK</b>	17. INFORMANT <b>MRS. ILA RADER, 405 CONNOR AVENUE</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Edema</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 wks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>cause undetermined even at Autopsy -</b>	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Cholelithiasis</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <b>12/2/57</b> to <b>1/22/58</b> and last saw <b>her</b> alive on <b>1/22/58</b> Death occurred at <b>2:15 pm</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>A. K. Weeman MD.</b>	22b. ADDRESS <b>717 Frisco Bldg., Joplin, Mo.</b>	22c. DATE SIGNED <b>1-23-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>1-25-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>OZARK MEMORIAL PARK,</b>	23d. LOCATION (City, town, or county) (State) <b>JOPLIN, MISSOURI</b>
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24. FUNERAL DIRECTOR <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>Jan 29-58</b>	26. REGISTRAR'S SIGNATURE <b>Dove Merriam</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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JUN 25 1958

RECEIVED FEB 5 - 1958  
Joseph County Health Office

County File No. 114  
Date Filed FEB 5 1958

FEB 27 1958

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 F. M. Jones .....

Licensed Embalmer No. 3319.....

P. O. Address Japhie me.....

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.