

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029524
STATE FILE NUMBER

Health,
Welfare
Public
Service

FILED SEP 10 1958 Registration District No. 172 Primary Registration District No. 4272 Registrar's No. 56

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Lafayette</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Lafayette</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Waverly</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>ALMA</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Kelling Clinic</i>		Length of stay in lb <i>1 Day</i>	d. STREET ADDRESS (If outside, give location) <i>2 Mi. NW of ALMA</i>
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <i>Edna</i> Middle <i>Bertha</i> Last <i>Hader</i>			4. DATE OF DEATH Month <i>Aug.</i> Day <i>26</i> Year <i>1958</i>		
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov. 7 1884</i>	9. AGE (In years last birthday) <i>73</i>	IF UNDER 1 YEAR Months <i>9</i> Days <i>19</i>	IF UNDER 24 HRS. Hours <i>—</i> Min. <i>—</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Concordia Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>DANIEL B. Herd</i>	13b. MOTHER'S MAIDEN NAME <i>Mary R. Cretzmeier</i>	14. NAME OF HUSBAND OR WIFE <i>Carl G. Hader</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>—</i>	17. INFORMANT <i>Carl G. Hader</i>	Address <i>RFD ALMA Mo.</i>
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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) <i>cerebral hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>7 a.m. to 10:28 a.m.</i>
DUE TO (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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ 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 <i>331X</i>	COUNTY _____ STATE _____
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21. I attended the deceased from <i>(occasionally) 1956 to 8-26-58</i> and last saw her her <i>alive on 8-26-58</i> Death occurred at <i>10:28</i> a. 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) <i>George A. Kelling MD</i>	22b. ADDRESS <i>Waverly, Missouri</i>	22c. DATE SIGNED <i>9-5-58</i>
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23a. BURIAL, CREATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Aug 28 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Grand Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Hippinsville Mo.</i>
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24. FUNERAL DIRECTOR <i>A.H. Hader Funeral Home</i>	ADDRESS <i>Hippinsville Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>9. 5. 58</i>	26. REGISTRAR'S SIGNATURE <i>Lucie Gordon Jordan</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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.....

P. O. Address.....

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.