

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039641

STATE FILE NUMBER

FILED DEC 9 1958

Registration District No. 128

Primary Registration District No.

Registrar's No. 1148

300
1-57

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Springfield
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION North Campbell Twp Route 4		Length of stay in lb 14 years	d. STREET ADDRESS Route 4
3. NAME OF DECEASED (Type or print) First Middle Last Zella Lois Rader			4. DATE OF DEATH Month Day Year November 29, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 30, 1898
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher		10b. KIND OF BUSINESS OR INDUSTRY In School	9. AGE (In years last birthday) 60 11. BIRTHPLACE (City and state or country) Exeter, Missouri
13a. FATHER'S NAME Isaac A. Doyel		13b. MOTHER'S MAIDEN NAME Hattie L. Wiles	12. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO.	14. NAME OF HUSBAND OR WIFE Jacob P. Rader
17. INFORMANT Jacob P. Rader			Address Springfield, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Basal Skull Fracture			INTERVAL BETWEEN ONSET AND DEATH minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			9000 21
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 checked="" 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.) Fall down stairs at home, struck head on window	
20c. TIME OF INJURY Hour Month, Day, Year 11:00 a.m. 11/29/58		20f. CITY, TOWN, OR LOCATION COUNTY STATE Springfield Greene, Mo	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21. I attended the deceased from _____, to _____ and last saw her alive on 11/22/58 Death occurred at 11 A. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James D. Harton M.D.		22b. ADDRESS Springfield, Greene Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE December 2, 1958	23c. NAME OF CEMETERY OR CREMATORY Greenlawn
24. FUNERAL DIRECTOR Boysen - Sepulchral Co. Home		23d. LOCATION (City, town, or county) Springfield, Missouri	25. DATE RECD. BY LOCAL REG. 12-5-58
26. REGISTRAR'S SIGNATURE Effie E. Mellon		(Licensed Embalmer's Statement on Reverse Side)	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAR 4 1959

JAN 7 1959

1/6/59

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 *L. Doolen Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield Mo*

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.