

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028769

FILED VS SEP 8 1959 128

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 902 B

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD	Length of stay in lb 11 DAYS	c. CITY OR TOWN MARSHFIELD MO	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BURGE Hosp.	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2 MI WEST	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First LUTHER Middle RADER Last RADER			4. DATE OF DEATH Month AUG Day 24 Year 1959			
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-19-1944	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months 8 Days 24 Hours 19 Min.	IF UNDER 24 HR Hours 19 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET FARMER		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A	
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13a. FATHER'S NAME GEORGE RADER		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE			
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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) No		16. SOCIAL SECURITY NO. -		17. INFORMANT HERSHEL RADER MARSHFIELD MO ² Address			
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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) Acute lymphoblastic leukemia		INTERVAL BETWEEN ONSET AND DEATH 6 months	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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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 - a.m. - p.m. -	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <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 6-29-59 to 8-24-59 and last saw her alive on 8-23-59	Death occurred at 240 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) Cecil R. Owen MD		22b. ADDRESS 404 Prof. Bld. Springfield Mo		22c. DATE SIGNED 8-27-59	
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 8-24-1959	23c. NAME OF CEMETERY OR CREMATORY PROSPECT	23d. LOCATION (City, town, or county) (State) WEBSTER Co MO
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24. FUNERAL DIRECTOR BARBER-EDWARDS MARSHFIELD		ADDRESS	25. DATE RECD. BY LOCAL REG. 8-31-59	26. REGISTRAR'S SIGNATURE Effie E Meeton	
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Rob Bosh

Licensed Embalmer No. 3876

P. O. Address Mt. Laurel

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.