URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-010164

STATE FILE NUMBER

FILED VS MAR 22 1960 53

Registration District No. _____ Primary Registration District No. 3010 Registrar's No. 113

NDED

1. PLACE OF DEATH
a. COUNTY Cape
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau — Length of stay in 1b: 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S.E.MO. Hosp. — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Bollinger
c. CITY OR TOWN Marble Hill — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Gen. Del. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Sidney Middle Burrette Last Crader
4. DATE OF DEATH: Month Day Year 2/18/60
5. SEX: Male
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8/12/97
9. AGE (last birthday): 62
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (City and state or country): Bollinger County
12. CITIZEN OF WHAT COUNTRY: USA.
13a. FATHER'S NAME: Daniel Crader
13b. MOTHER'S MAIDEN NAME: Sarah Crader
14. NAME OF HUSBAND OR WIFE: Barbara Crader
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 499-03-4635
17. INFORMANT: Hester Elledge, Marble Hill, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary emphysema — INTERVAL BETWEEN ONSET AND DEATH: 3yrs.
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): Bronchial asthma
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from June 30, 1958 2-18-60 and last saw him alive on 2-18-60
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE J. N. Jaeger (Degree or title) M.D.
22b. ADDRESS Jackson, Mo
22c. DATE SIGNED 2-19-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/21/60
23c. NAME OF CEMETERY OR CREMATORY: Crader Cemetery
23d. LOCATION (City, town, or county) (State): Near MarbleHill, Mo.
24. FUNERAL DIRECTOR: Gene Ward — ADDRESS: Fredericktown Mo
25. DATE RECD. BY LOCAL REG.: 3-19-1960
26. REGISTRAR'S SIGNATURE: Irma Kasten

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Kenneth Liley

Signature of Student Embalmer

Licensed Embalmer No. 5086

P. O. Address Lotwell

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