

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014733-

STATE FILE NUMBER

Registration District No. 373 Primary Registration District No. 6268 Registrar's No. 14

FILED APR 8 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF	ITEM NO.	SHOULD READ
Rev. 4/59								
1 1120								
2 1120								
3								
4 0								
5 1								
6								
7 0								
8 2								
9 199.2								
10								
11								
12 90-0								
13 9-0								

1. PLACE OF DEATH a. COUNTY WEBSTER		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 NIANGUA TWP		Length of stay in 1b 75 YRS	c. CITY OR TOWN MARSHFIELD RI
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HMI NORTH		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4 MI N.E.
3. NAME OF DECEASED (Type or print) First Middle Last EZRA WALKER RADER		4. DATE OF DEATH Month Day Year MAR 30 1963	
5. SEX MALE	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 12-25-1885
9. AGE (last birthday) 77		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
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		13a. FATHER'S NAME GEROME RADER	
13b. MOTHER'S MAIDEN NAME MARY RENNER		14. NAME OF HUSBAND OR WIFE MINNIE	
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 Address MINNIE RADER MARSHFIELD		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 Cardiac Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Probably Embolus from DUE TO (c) Prostate or Pelvic Neoplasm INTERVAL BETWEEN ONSET AND DEATH Five minutes 2 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Had Gall Bladder Surgery 1/14/61		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	
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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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	
21. I attended the deceased from Jan. 19 1961 to Feb. 8 1962 and last saw him alive on Feb 8, 1962 Death occurred at 2:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C.P. Macdonald, M.D.		22b. ADDRESS Marshfield, Mo.	
22c. DATE SIGNED March 30 1963		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-1-1963	23c. NAME OF CEMETERY OR CREMATORY MARSHFIELD	23d. LOCATION (City, town, or county) MARSHFIELD MO
24. FUNERAL DIRECTOR ADDRESS BARBER-EDWARDS MARSHFIELD		25. DATE RECD. BY LOCAL REG. 4-5-63	26. REGISTRAR'S SIGNATURE J. Stronach

USE BLACK INK OR TYPEWRITER RIBBON

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.

2840

P. O. Address

1111 Pine 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.

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