

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25793**

BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **4283** Registrar No. **140**

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY OR TOWN Graham rural	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Graham-rural	d. STREET ADDRESS (If rural, give location) 6740
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Jackie		b. (Middle)	c. (Last) Rader	4. DATE OF DEATH (Month) (Day) (Year) 7-19-1953	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 10-18-1940	9. AGE (In years last birthday) 12	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Fairfax - Mo -	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME A. L. Rader	13b. MOTHER'S MAIDEN NAME Marie Tomm	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS A. L. Rader - Graham - Mo -
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH immediate
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) drowning	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none DUE TO (c)	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E 9291 42		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION no operations	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident farm pond	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hughes Twp, Nodaway Mo	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 074 (STATE)
21d. TIME OF INJURY (Month) (Day) (Hour) 7-19-53 5P.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **not attended**, to _____, 19____, that I last saw the deceased alive on **not seen**, and that death occurred at **5 pm.**, from the causes and on the date stated above.

23a. SIGNATURE Schwan - Coroner - MD	23b. ADDRESS Maryville Mo.	23c. DATE SIGNED 7-20-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-21-1953	24c. NAME OF CEMETERY OR CREMATORY Linden Cem - Linden - Mo	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 7-23-53	REGISTRAR'S SIGNATURE Bess Holt	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. M. Atkinson Maryville
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.
Signed *G M Peterson*

Licensed Embalmer No. *2279*

P. O. Address *Marysville, 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 this body is not embalmed, fact should be so stated above.