

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18524**

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 2032 Registrar's No. 86

512
4

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

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg	
c. LENGTH OF STAY (In this place) 4 yrs.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Ross Nursing Home, 508 W. King			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) HELEN	b. (Middle) RUTH	c. (Last) RADER	(Month) May	(Day) 23	(Year) 1953

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH December 18, 1870	9. AGE (In years last birthday) 82	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
----------------------	-------------------------------	---	---	---	----------------------------	--------------------------	---------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Household duties	11. BIRTHPLACE (City and State or Foreign Country) Ray County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	---	--

13a. FATHER'S NAME Daniel Fisher	13b. MOTHER'S MAIDEN NAME Martha Lee	14. NAME OF HUSBAND OR WIFE William H. Rader
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Selzer	ADDRESS Warrensburg, Mo.
---	-------------------------------------	---	---------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 331X	YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from Oct 22, 1952, to May 23, 1953, that I last saw the deceased alive on May 19, 1953, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS Warrensburg Mo	23c. DATE SIGNED 5-26-53
---	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 26, 1953	24c. NAME OF CEMETERY OR CREMATORY Hichory Grove Cemetery	24d. LOCATION (City, town, or county) (State) Richmond, Ray County, Mo.
---	-------------------------------	--	--

DATE REC'D BY LOCAL REG June 1, 1953	REGISTRAR'S SIGNATURE Savannah Cutchfield	25. FUNERAL DIRECTOR'S SIGNATURE Thurman Funeral Home	ADDRESS Richmond, Mo.
---	--	--	------------------------------

RECEIVED
JUN 9 1953
JOHNSON COUNTY HEALTH DEPT.

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, ~~XXXX~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Wm. L. Thurman _____

Licensed Embalmer No. 4563 _____

P. O. Address Richmond, 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.