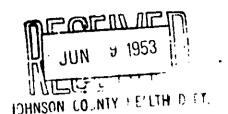
IED APPEN A S			E DIVISION OF HE				185	24
ED JUN 15 1	953	217	ANDARD CERTIF	ICATE OF DEA	XIII	State File No		
BIRTH NO		REG.	DIST. NO. 144	PRIMARY REG. DIST.				<u> </u>
I, PLACE OF DEA	тн nson			2 USUAL RESID	ENCE (Where dec	L COUNTY	hnson	idence befor adminsion
b. CITY (If outside co: OR TOWN Ware	roomte limite, write I rensburg	URAL and	township) c. LENGTH OF STAY (In this place)	OR TOWN Warrel	, ,	URAL and give town	mahlp)	
A FIRE NAME OF	tt and in hourist on i	nutration.	give street address or location) ne, 508 W. King	d STREET	(i) rural, give locat	lon)	0	
3. NAME OF	a. (First)	-B	b. (Middle)	c. (Last)	(E (Month)	(Day)	(Year)
DECEASED (Type or Print)	HELEN		RUTH _::	RADER	DEA1	н May 23,	1953	
, , , , , , , , , , , , , , , , , , , ,	color or race hite	WIDO	RIED, NEVER MARRIED, OWED, DIVORCED (Specify) DOWNED	8. DATE OF BIRTH December 18.		(In years If Diota irthday) Months		СНОСЯ и ная, матя і Міз.
10a. USUAL OCCUPATIO done during most of working	N (Olive kind of work	10b. Ki	ND OF BUSINESS OR IN- DUSTRY Behold duties	44 01001101 405	y and State or Fore		COUNT	NOF WHAT
<u>Housewife</u>	<u> </u>	, <u>, , , , , , , , , , , , , , , , , , </u>	136. MOTHER'S MAIDEN			USBAND OR WIF), A.
Daniel	Fisher	-	Martha Lee		William	H. Rader	1	
IS. WAS DECEASED EVE	R IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY	17. INFORMANT				DRESS
(Yes, no, or unknown) (II	yes, give war or dates	of service)	None No.	Mrs. Mary Se	elzer, War	rensburg,	Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR C DIRECTLY LEAD ANTECEDENT C			ERTIFICATION	much	7	ONSET A	L BETWEEN
This does not mean the mode of dying, such as heart failure, asthenia,		is, if any, cause (a) s	gleing DUE TO (b)	enalys	artero	rele	<u>رو</u>	Cala
etc. It means the dis- ease, injury, or complica-			DUE TO (c)				-	·
tion which caused death.	11. OTHER SIGNI Conditions contri related to the disc		CONDITIONS ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			·	ļ. ·	-
19a. DATE OF OPERA- TION	19b. MAJOR FIN	DINGS O	F OPERATION -	38 <u>-</u>	3	3/X	20. AUT	OPSY7
21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLAC home, farm	EOFINJURY (e.g., in or about , factory, street, office bidg., etc.)	21c. (CITY, TOWN, OR	TOWNSHIP)	(COUNTY)	(5)	TATE)
21d. TIME (Month) OF INJURY	(Day) (Year)	(Heer)	21e. INJURY OCCURRED WHILE AT NOT WHILE WORK	21f. HOW DID INJURY	OCCUR7			
22. I hereby certify alive on Line	that I attended	the deced 3, and	that death occurred at-		he causes and o	نگ, that I la n the date state	ed above.	<u>.</u>
23a. SIGNATURE	Kenn	Jan.	(Degree or title)	23b. ADDRESS / War	renoles	mo	3.4	TE SIGNED
24a. BURIAL, CREMA TION, REMOVAL (Bredly BUTIAL	. ا ۱	1953	24c. NAME OF CEMETER Hichory Grov	e Cemetery	Richmond	Ray Cour		(State)
DATE REC'D BY LOCAL	REGISTRAR'S	SIGNATUI	Crestelikeiles	25. FUNERAL DIRECTION FUI	tor's signatureral Home	re A Rich	mond.	Mo.
			(Licensed Embelmer's	statement on Reverse Sid				



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	certificate w	ras embalm	ed by me,	%*************************************	
· · ·	Student	Embalmer	zo		
orking under my personal supervision.					

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.