

No. 300  
10. 48

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9236

0600

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5715 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>M. Donald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>M. Donald</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jane</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jane R1</u>	
c. LENGTH OF STAY (In this place) <u>26 yrs</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		4. DATE OF DEATH (Month) (Day) (Year) <u>March 20 1951</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lee</u> b. (Middle) _____ c. (Last) <u>Rader</u>		5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 8 - 1867</u>	
9. AGE (In years last birthday) <u>83</u>		9. AGE (In years) IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 YEAR: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Richmond D Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Rader</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Idaho Rader</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bro. Idaho, M. Rader</u> ADDRESS <u>Jane MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral Hemorrhage</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerotic</u> DUE TO (c) <u>Hypertension</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1/25/51</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>4/19</u> , 19 <u>49</u> , to <u>3/20</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3/13</u> , 19 <u>51</u> , and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Scott Russell</u> (Degree or title) _____		23b. ADDRESS <u>Pinewill - MO</u>	
23c. DATE SIGNED <u>3/21/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>3-21-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Summit 007</u>	
24d. LOCATION (City, town, or county) (State) <u>Summit Ark.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed P. Cat</u> ADDRESS <u>Silsam Sp ark.</u>	
DATE REC'D BY LOCAL REG. <u>3-22-51</u>		REGISTRAR'S SIGNATURE <u>Maxine Humphrey</u> 423	

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED APR 4 1951

Dist. File 457:722

Date Filed 4-3-51

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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 .....  
Student Embalmer

Signed W.P. Pratt

Licensed Embalmer No. 3211

P. O. Address St. Leon Spgs Ark

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.