

FILED DEC 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38502

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>6021</u> Registrar's No. <u>83</u>	
1. PLACE OF DEATH a. COUNTY <u>Ray</u>			2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>RAY</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - GRAPE GROVE</u>		c. LENGTH OF STAY (In this place) <u>years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - GRAPE GROVE</u>		d. STREET ADDRESS (If rural, give location) <u>10 mi. N. E. Hardin</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME - 10 mi. N. E. Hardin</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maggie</u> b. (Middle) <u>L</u> c. (Last) <u>Rader</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov - 24 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Nov - 28 - 1866</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>George Hogan</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Muller</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Rader</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Nicholson</u> ADDRESS <u>Hardin, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
II. OTHER SIGNIFICANT CONDITIONS					
Antecedent Causes			DUE TO (b) <u>Arteriosclerosis diffuse</u>		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) <u>Hypertension essential</u>		
Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial asthma</u>			<u>3+ years</u>		
			<u>3+ years</u>		
			<u>3+ years</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>446X</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>3-27-</u> , 19 <u>48</u> , to <u>11-24</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11-24-</u> , 19 <u>51</u> , and that death occurred at <u>8:00 a.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Kingschild &amp; Hasdell</u> (Degree or title) <u>M. D.</u>			23b. ADDRESS <u>212 South Pine St. Norborne, Mo.</u>		23c. DATE SIGNED <u>11-26-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>U</u>	24b. DATE <u>Nov-26-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walden Cem</u>		24d. LOCATION (City, town, or county) (State) <u>10 miles north of Hardin</u>	
DATE REC'D BY LOCAL REG. <u>Dec 1 - 1951</u>		REGISTRAR'S SIGNATURE <u>Mabel Jackson</u> <sup>273</sup>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kingschild &amp; Hasdell - Hardin, Mo.</u> ADDRESS	

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

765.51



**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 August Borchering  
Licensed Embalmer No. 4678

P. O. Address Hardin, 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.