

FILED MAY 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16939

State File No.

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 10022 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> <u>99</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural - Richmond</u>) c. LENGTH OF STAY (in this place) <u>19 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Richmond</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 miles NE of Richmond</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles NE of Richmond</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM</u>	b. (Middle) <u>HENRY</u>	c. (Last) <u>RADER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 18, 1949</u>
--	---------------------------	--------------------------	------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 7, 1870</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u>11</u> Min.
--------------------	-------------------------------	---	--------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Ray County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	---	--

13a. FATHER'S NAME <u>George Rader</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Mason</u>	14. NAME OF HUSBAND OR WIFE <u>Helen Fisher Rader</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>x Mary Kolbege</u>	ADDRESS <u>Warrensburg, Mo.</u>
---	-------------------------------------	---	---------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Perforated gastric ulcer above.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 hr</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Stomach</u>		
	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? 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) _____	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 May 7 - 1949 to May 18 - 1949, that I last saw the deceased alive on May 17, 1949 and that death occurred at 4:35 am., from the causes and on the date stated above.

23a. SIGNATURE <u>E. E. Jay</u> (Degree or title) _____	23b. ADDRESS <u>Richmond 9th</u>	23c. DATE SIGNED <u>5-20-49</u>
---	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 20, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>5 mi. NE of Richmond, Missouri</u>
---	-------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>May 20, 49</u>	REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thurman F. Howard</u>	ADDRESS <u>Richmond, Missouri</u>
--	--	---	-----------------------------------

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

89
0
0

MAY 23 REC'D

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-25-49

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, ~~DEUX~~.....

..... Student Embalmer No.

working under my personal supervision.

Signed William R. Thurman.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4563.....

P. O. Address Richmond, Missouri.....

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.