

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BUREAU OF THE CENSUS  
FILED JUN 15 1942

Registration District No. 50

Primary Registration District No. 3004

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Bates  
(b) City or town Bates mo City  
(c) Name of hospital or institution:  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates  
(c) City or town Bates  
(If outside city or town limits, write "RURAL")  
(d) Street No. Ohio Street  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lewis S. Radford

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Alice Radford 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 13 1866  
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Sangamon Co Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business \_\_\_\_\_

12. Name Charles Raymond Radford

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Holland

15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Radford

(b) Address Bates mo

17. (a) burial (b) Date thereof May 19 - 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Culver

(b) Address Bates mo

19. (a) May 19 1942 (b) Mrs. C. E. Culver Deputy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19  
year 1942 hour 6:30 minute A M.

21. I hereby certify that I attended the deceased from May 2  
1942 to May 19 1942  
that I last saw him alive on May 18 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Intestinal obstruction

Due to Carcinoma of  
Due to Prostate

Other conditions \_\_\_\_\_  
(include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Geo. A. Lusk Jr (M. D. or other) \_\_\_\_\_  
Address Bates mo Date signed May 14 42

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

MOTHER FATHER

DEC 1 2 1952

RECEIVED  
District Health Office: No. 7,

District File Number 6-42-634

Date Filed 6-10-42

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*C. E. Coulter*

Licensed Embalmer No. 2576

P. O. Address Butter 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.