

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26349

State File No. _____

16
2
1

11 SEP 9 1949

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 3009 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S. High St. Jackson Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>s. 4th West St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u>		b. (Middle) <u>P.</u> c. (Last) <u>Crader</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 1 49</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct 8 1890</u>	
9. AGE (In years last birthday) <u>58</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>John Crader</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Allen</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War 1</u>	
16. SOCIAL SECURITY NO. <u>497-01-7993</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Jack Kinder</u> ADDRESS <u>Jackson, 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>Heart muscled heart and</u> 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>possible blood strangulation</u> DUE TO (c) <u>from his nose</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>8983X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) <u>H</u> 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Jackson Mo</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson Cape Girardeau Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 2 47:30</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Shot while fishing</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. P. Erickson</u>		23b. ADDRESS <u>Corner 3rd & S. Pacific St Cape Girardeau</u>	
23c. DATE SIGNED <u>Sept 2 1949</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>9-3-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crader Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Bollinger Co. MO.</u>		DATE REC'D BY LOCAL REG. <u>Sept 3-49</u>	
REGISTRAR'S SIGNATURE <u>D. S. Lister</u>		43	
25. FUNERAL DIRECTOR'S SIGNATURE <u>McCombs Funeral Home</u>		ADDRESS <u>Jackson Mo</u>	

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

RECEIVED 9-6-49

District Health Officer No. 4

District File Number 949-1157

Date Filed

SEP 9 1949

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 _____ working under my personal supervision. Student Embalmer No.

Signed _____ Student Embalmer

Signed *Thos R. Cox*

Licensed Embalmer No. 4055

P. O. Address *9 Jackson*

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.