

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40673

FILED JAN 5 1950

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4163 Registrar's No. 127

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

1. PLACE OF DEATH a. COUNTY DAVIESS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY DAVIESS	
b. CITY OR TOWN JAMESPORT, MO. c. LENGTH OF STAY (in this place)		c. CITY OR TOWN JAMESPORT, MO. 31	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1		d. STREET ADDRESS (If rural, give location) D	

3. NAME OF DECEASED (Type or Print) a. (First) MINNIE b. (Middle) JANE c. (Last) RADER			4. DATE OF DEATH (Month) (Day) (Year) 12 25 1949		
5. SEX F	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 1	8. DATE OF BIRTH MAR. 11, 1878	9. AGE (In years last birthday) 71	if UNDER 1 YEAR Months 9 Days 15 if UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work depending on most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSE REPAIRER		11. BIRTHPLACE (State or foreign country) LOCKSPRINGS, MO., D	
				12. CITIZEN OF WHAT COUNTRY? A.M.	

13a. FATHER'S NAME JAMES EADS	13b. MOTHER'S MAIDEN NAME VIRGINIA McCLURE	14. NAME OF HUSBAND OR WIFE W^M H. RADER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME Mr. H. L. Schaefer	ADDRESS Jamesport, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERNAL BETWEEN ONSET AND DEATH 12 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Endocarditis		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4201

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 _____, 1942, to **Dec 25**, 1949, that I last saw the deceased alive on **Dec 25**, 1949, and that death occurred at **6:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE R. Barley (Degree or title) MD	23b. ADDRESS Jamesport, Mo.	23c. DATE SIGNED 12-26-49
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24a. BURIAL, CREMATION, FLOID REMOVAL (Specify)	24b. DATE Dec. 28, 1949	24c. NAME OF CEMETERY OR CREMATORY Clear Creek	24d. LOCATION (City, town, or county) (State) Daviness Mo.
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DATE REC'D BY LOCAL REG. 28 Dec. 1949	REGISTRAR'S SIGNATURE Virginia M. Engelhart	25. FUNERAL DIRECTOR'S SIGNATURE W. L. Richardson	ADDRESS Jamesport Mo.
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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.....

M. J. [Signature]

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Robert L. Richardson*

Licensed Embalmer No. *4715*

P. O. Address *Jarvisport, Md.*

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.