

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34248

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4286 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY OR TOWN <u>LaGrange, Mo.</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LaGrange</u> <u>1560</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>William</u> c. (Last) <u>Schrader</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 31, 1951</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>June 27, 1869</u>		9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours 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		11. BIRTHPLACE (State or foreign country) <u>LaGrange, Missouri</u> <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>William Schrader</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Mendensiek</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Schrader</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Henry Schrader LaGrange, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	

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 March 19, 1949 to Oct. 31, 1951, that I last saw the deceased alive on Oct 30, 1951, and that death occurred at 4 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. B. Radson, D.O.</u>		23b. ADDRESS <u>Canton, Mo.</u>		23c. DATE SIGNED <u>11-3-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 3, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverview</u>	
				24d. LOCATION (City, town, or county) (State) <u>LaGrange, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>11-8-51</u>		REGISTRAR'S SIGNATURE <u>P. H. Jennings</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Kenneth Bailey LaGrange Mo</u>	
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(Licensed Embalmer's State Seal on Reverse Side)

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

560  
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DEC 7 1951

Date Received: NOV 13 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 11-57-3007  
Date Filed: NOV 13 1951

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 \_\_\_\_\_

*J Kenneth Bailey*

Licensed Embalmer No. 4248

P. O. Address *La Grange, 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.