

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32689**

FILED OCT 7 1952

BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **6074** Registrar's No. **306**

940
3

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

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) Desloge		c. CITY (If outside corporate limits, write RURAL and give township) Irondale 1100	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) ELZA	b. (Middle)	c. (Last) Radford	4. DATE OF DEATH (Month) (Day) (Year) SEPT 30, 1952
---	-------------	--------------------------	---

5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Feb 28, 1906	9. AGE (In years) (last birthday) 46	10. UNDER 1 YEAR Months 7 Days 2	11. UNDER 1 HR. Hours 0 Min.
--------------------	-------------------------------	--	---	---	--	-------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor	10b. KIND OF BUSINESS OR INDUSTRY Drilling	11. BIRTHPLACE (City and State or Foreign Country) Keeney Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	---	---

13a. FATHER'S NAME Rome Radford	13b. MOTHER'S MAIDEN NAME Lina Wallace	14. NAME OF HUSBAND OR WIFE GENEVA Radford
---	--	--

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. 483-03-9005	17. INFORMANT'S SIGNATURE OR NAME Geneva Radford	ADDRESS Irondale, Mo.
---	---	--	---------------------------------

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 20 min.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease		unknown
	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 4200	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 **Sept 1, 1952**, to **Sept 29, 1952**, that I last saw the deceased alive on **Sept 29, 1952**, and that death occurred at **9:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. L. Foster	(Degree or title) M.D.	23b. ADDRESS Desloge Mo.	23c. DATE SIGNED 10-1-1952
---------------------------------------	----------------------------------	------------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 10/2-1952	24c. NAME OF CEMETERY OR CREMATORY ST. FRANCOIS MEM. PARK	24d. LOCATION (City, town, or county) (State) Near BONNE TERRE, MO.
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. Oct. 3, 1952	REGISTRAR'S SIGNATURE Esther Rudolph	25. FUNERAL DIRECTOR'S SIGNATURE Raymond Caldwell	ADDRESS Flat River, Mo.
---	--	---	-----------------------------------

1931
6/15
OCT 9 1931

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 R. Caldwell

Licensed Embalmer No. 2531

P. O. Address Flat River, 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.