

STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 132

1. PLACE OF DEATH  
a. COUNTY Newton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Newton

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho 0132

d. FULL NAME OF HOSPITAL OR INSTITUTION Salé Memorial Hospital

d. STREET ADDRESS (If rural, give location) 523 West Spring St.

3. NAME OF DECEASED  
a. (First) Ralph b. (Middle) S. c. (Last) Strader

4. DATE OF DEATH December 11, 1952  
(Month) (Day) (Year)

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH June 21, 1881

9. AGE (In years last birthday) 71  
IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HRS. Hours \_\_\_\_\_ Mins. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor

10b. KIND OF BUSINESS OR INDUSTRY Hauling

11. BIRTHPLACE (City and State or Foreign Country) Owensboro Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Lewis Strader

13b. MOTHER'S MAIDEN NAME Martha Patton

14. NAME OF HUSBAND OR WIFE Nellie Strader

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. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lewis Strader Jr. Sngl'd. 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) Carcinoma stomach  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS\*  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 1 year

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 151X

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Dec, 1952, to 11 Dec, 1952, that I last saw the deceased alive on 11 Dec, 1952, and that death occurred at 11:40 a m., from the causes and on the date stated above.

23a. SIGNATURE R. J. Taylor M.D. (Degree or title)

23b. ADDRESS Neosho Mo.

23c. DATE SIGNED 28 Dec 52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 12-13-52

24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.

24d. LOCATION (City, town, or county) (State) Neosho Missouri

DATE REC'D BY LOCAL REG. 12-24-52

REGISTRAR'S SIGNATURE Melvin C. Bowman M.D. 223-0

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carley Thompson & Co. Neosho Mo.

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

732  
C

*Dr. Taylor*  
FILED JAN 5 - 1953

RECEIVED

Board No. \_\_\_\_\_  
District No. 1252-297  
Date Filed 12/31/52

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 Carlton Thompson Jr.

Licensed Embalmer No. 4161

P. O. Address New E. 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.