

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

1624

314

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1007 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Parkville</u> <u>6000</u>	
c. LENGTH OF STAY (In this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Paul</u>	b. (Middle) <u>L.</u>	c. (Last) <u>Shrader</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>I-17-53</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-12-93</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Procter-Gamble</u>	11. BIRTHPLACE (State or foreign country) <u>Jefferson Co. Ks.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Geo. Shrader</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy McGill</u>	14. NAME OF HUSBAND OR WIFE <u>Fern Shrader</u>
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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) <u># 1</u>	16. SOCIAL SECURITY NO. <u>510-05-2629</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fern Shrader, Parkville, MO.</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>331X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia Rt Lower Lobe</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sub. Cerebral Hemorrhage.</u> 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	20. AUTOPSY? YES <input checked="" 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 Paul L. Shrader, 1953, that I last saw the deceased alive on 1-19-53, and that death occurred at St. Joseph Hospital, from the causes and on the date stated above.

23a. SIGNATURE <u>Russell W. Kerr</u> (Degree or title)	23b. ADDRESS <u>St. Joseph Hospital</u>	23c. DATE SIGNED <u>17 Jan 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-20-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill</u>	24d. LOCATION (City, town, or county) (State) <u>K.C. Kansas</u>
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DATE REC'D BY LOCAL REG. <u>1-19-53</u>	REGISTRAR'S SIGNATURE <u>Sheradine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Simmons</u>	ADDRESS <u>K.C.K.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 20 1954

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 Max E. Meyer

Licensed Embalmer No. 4555

P. O. Address K. E. K.

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.