

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5760

State File No.

FILED FEB 21 1955

BIRTH NO. _____		REG. DIST. NO. <u>224</u>	PRIMARY REG. DIST. NO. <u>305-2</u>	Registrar's No. <u>45</u>
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia, Missouri</u> <u>0804</u>		
c. LENGTH OF STAY (In this place) <u>5 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>313 North Grand</u> <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>313 North Grand</u>				
3. NAME OF DECEASED a. (First) <u>WILLIAM</u>		b. (Middle) <u>D.</u>		c. (Last) <u>STRADER</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 15, 1955</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>March 25, 1875</u>	9. AGE (In years last birthday) <u>79</u> If under 1 year: Months _____ Days _____ If under 10 hrs: Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Fandon, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Daniel Strader</u>		13b. MOTHER'S MAIDEN NAME <u>Emily McAllister</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Borgstadt Strader</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> <u>*****</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ralph Strader, son, Sedalia, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>carcinomatosis of mesentery of transverse colon</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>carcinoma original site undertermined</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>cholecystitis with stones</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u> <u>1</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>153 X</u>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	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 <u>Dec. 154</u> , to <u>Feb. 15</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Feb. 13</u> , 19 <u>55</u> and that death occurred at <u>3:00 am</u> from the causes and on the date stated above.				
23a. SIGNATURE <u>G. L. Walter</u>		23b. ADDRESS <u>Sedalia, Mo.</u>		23c. DATE SIGNED <u>2/15/55</u>
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/17/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2/16/55</u>	REGISTRAR'S SIGNATURE <u>Lorna Brown, Deputy</u>	25. FURNERAL DIRECTOR'S SIGNATURE <u>William Cowling</u>	ADDRESS <u>Sedalia, Mo.</u>	

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

Attended Embalmers' Statement on Reverse Side

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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.