

FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16743**

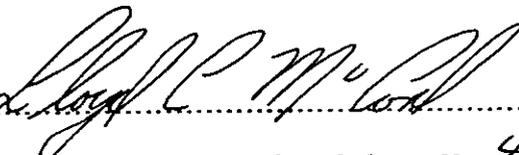
BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>5379</u>		Registrar's No. <u>239</u>			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI				b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN RURAL BROOKING		c. LENGTH OF STAY (in this place township) 69 Yrs.		c. CITY OR TOWN INDEPENDENCE		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 54th. & NOLAND ROAD				e. STREET ADDRESS (If rural, give location) 54th. & NOLAND ROAD				1000	
3. NAME OF DECEASED (Type or Print) a. (First) HOMER			b. (Middle) DENTON			c. (Last) SRADER			
4. DATE OF DEATH (Month) (Day) (Year) MAY 21 1956		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 18 DEC. 1886	
9. AGE (In years last birthday) 69		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) FARMING		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	
11. BIRTHPLACE (City and State or Foreign Country) JACKSON COUNTY, MISSOURI.				12. CITIZEN OF WHAT COUNTRY? U.S.				13a. FATHER'S NAME STEPHEN T. SRADER	
13b. MOTHER'S MAIDEN NAME ELMINA FRITTS				14. NAME OF HUSBAND OR WIFE MARY MYRTLE SRADER				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. 496-09-1604		17. INFORMANT'S SIGNATURE OR NAME Lois Ashlock				ADDRESS 2907 Linwood K. C. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* fractured skull subdural & supratentorial Hemorrhage DUE TO (b) Bullet Wound head 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) suicide?		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson MO		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-21-56			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Self Inflicted						22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Stephen Owens Coroner				23b. ADDRESS 1034 Pine St. Bldg				23c. DATE SIGNED 5-22-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 23 May 1956		24c. NAME OF CEMETERY OR CREMATORY Floral Hills		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri.			
DATE REC'D BY LOCAL REG. 5-23-56		REGISTRAR'S SIGNATURE James Keagy		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FLORAL HILLS MEMORIAL CHAPEL, K.C. Mo.					

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

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.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 485

P. O. Address H. C.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.