

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9669**

FILED MAR 20 1957

BIRTH NO. _____		REG. DIST. NO. 282		PRIMARY REG. DIST. NO. 5977		Registrar's No. 34	
1. PLACE OF DEATH a. COUNTY Polk 0840				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Polk			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aldrich		c. LENGTH OF STAY (in this place) 9 years		c. CITY OR TOWN Aldrich 0840		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 _____				e. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) ADOLPH			b. (Middle) DANIEL		c. (Last) BRADER		4. DATE OF DEATH (Month) (Day) (Year) MARCH 7-1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 21-1891		9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 Hrs. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY painting - well paving		11. BIRTHPLACE (City and State or Foreign Country) unknown		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Grace Brader			
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 Grace Brader - Aldrich - Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure.				DUPLICATE OF (b) arteriosclerotic heart disease			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				DUPLICATE OF (c) 4200			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death) Emphyse left leg due to							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION a. Pleurosternis Endarteritis of ascending					20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input 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) (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 Mar 5 , 19 55 , to Mar 6 , 19 57 , that I last saw the deceased alive on Mar 6 , 19 57 , and that death occurred at 2:21am. , from the causes and on the date stated above.							
23a. SIGNATURE E. Smith M.D. (Degree or title)				23b. ADDRESS Bolivia Mo		23c. DATE SIGNED Mar 9-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 10-1957	24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery		24d. LOCATION (City, town, or county) (State) Willard - Mo.		
DATE REC'D BY LOCAL REG. 3-13-1957		REGISTRAR'S SIGNATURE Ralph Anderson			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bren - Daniel - Walnut Grove - Mo.		

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

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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 *Doyle L. Daniel*

Licensed Embalmer No. *4702*

P. O. Address *1502 2nd St. N.W.*

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.