

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34626**

FILED SEP 17 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **161**

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Nevada,</b>		c. CITY OR TOWN <b>Rural (Washington)</b>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY in this place <b>Sudden</b>		e. STREET ADDRESS (If rural, give location) <b>1 Mile North Nevada</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>In Ambulance</b>			

3. NAME OF DECEASED (Type or Print) <b>John Everett Strader</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>August 30, 1957</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>1-18-1884</b>	9. AGE (In years next birthday) <b>73</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Engineer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Railway</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Fort Scott, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John Wesley Strader</b>	13b. MOTHER'S MAIDEN NAME <b>Minerva Stine</b>	14. NAME OF HUSBAND OR WIFE <b>Frances Willrich Strader</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If you, give war or dates of service) <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Frances Strader Nevada, Missouri</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Age,</b>			

19a. DATE OF OPERATION <b>none</b>	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Nevada Vernon MO</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>none</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>No injury.</b>
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22. I hereby certify that I attended the deceased from **Aug 20, 1957**, to **Aug 30, 1957**, that I last saw the deceased alive on **Aug 29, 1957**, and that death occurred at **2 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. Love MD</b> (Degree or title)	23b. ADDRESS <b>Nevada, MO</b>	23c. DATE SIGNED <b>9/4/57</b> (State)
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>8-30-1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Evergreen Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Ft. Scott, Kansas</b>
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DATE REC'D BY LOCAL REG. <b>9-12-57</b>	REGISTRAR'S SIGNATURE <b>Anna E. Ferry</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Konantz Mortuary Ft. Scott, Kansas</b>
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(Licensed Embalmers' Statement on Reverse Side)

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

OCT 18 1951

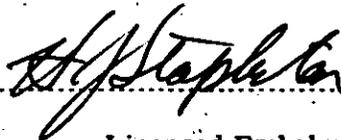
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STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 4921

P. O. Address Fort Scott,

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.