

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021260

STATE FILE NUMBER

37808-58
FILED JUL 1 1958

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 47

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-57

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1. PLACE OF DEATH a. COUNTY <u>Clay</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, give TOWNSHIP only) OR TOWN <u>North Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>EXCELSIOR SPRINGS</u> 60020 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NKC Memorial</u>		Length of stay in hrs. <u>12 hrs.</u>	d. STREET ADDRESS (If outside, give location) <u>225 N. THOMPSON</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>SUE</u> Last <u>Schrader</u>			4. DATE OF DEATH Month <u>June</u> Day <u>12</u> Year <u>1958</u>			
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cauc.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 12, 1958</u>	9. AGE (In years last birthday) Months <u>app. 12</u> Days <u></u> Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>NORTH KANSAS CITY</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>RODOLD W. SHRADER</u>	13b. MOTHER'S MAIDEN NAME <u>BEZZY VAN CAMP</u>	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT <u>DONALD SHRADER, EX. SPRINGS, MO</u> Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Prematurity - 6mo fetus - Delivery</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10hr</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>at operation on mother.</u>	
	DUE TO (c) <u>776X</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <u></u> Month, Day, Year a.m. <u></u> p.m. <u></u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Excelsior Springs, Mo.</u>	COUNTY <u>Clay</u>	STATE <u>MO</u>
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21. I attended the deceased from <u>June 12 58</u> to <u>June 12 58</u> and last saw her ^{her} alive on <u>June 12 58</u> Death occurred at <u>9 p</u> on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Glenn W. Shudman MD</u> (Degree or title)	22b. ADDRESS <u>Liberty, Mo</u>	22c. DATE SIGNED <u>6/13/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-14-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>	23d. LOCATION (City, town, or country) (State) <u>Excelsior Springs, Mo.</u>
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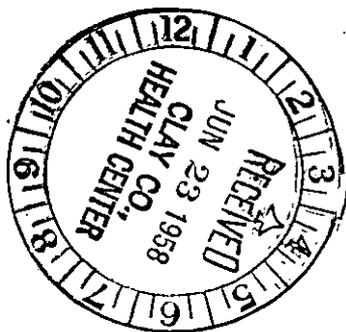
24. FUNERAL DIRECTOR <u>Embelmer's Statement on Reverse Side</u> <u>Excelsior Springs, Mo.</u>	25. DATE RECD. BY LOCAL REG <u>6-14-58</u>	26. REGISTRAR'S SIGNATURE <u>Marguerite Judgens</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 ^{not}
~~not~~ by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Ralph Van Landingham*

Licensed Embalmer No. *4009*

P. O. Address *Excelsior Springs, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.