

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-030037

FILED VS AUG 16 1960

Registration District No. 47 Primary Registration District No. 5303 Registrar's No. 286

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jefferson City</u> Length of stay in lb <u>40</u>				c. CITY OR TOWN <u>Jefferson City, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>County Rd - 3 mi E. of Elston</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>121 Sunvalley Dr.</u>	
3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>ROYAL</u> Last <u>CRADER</u>				4. DATE OF DEATH Month <u>Aug.</u> Day <u>8</u> Year <u>1960</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3/24/13</u>	
9. AGE (last birthday) <u>47</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>14</u>		IF UNDER 24 HR Hours <u>14</u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Restaurant Owner</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurant</u>		11. BIRTHPLACE (City and state or country) <u>Wilson, Ark.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>							
13a. FATHER'S NAME <u>John Henry Crader</u>				13b. MOTHER'S MAIDEN NAME <u>Elizabeth Mc Intire</u>		14. NAME OF HUSBAND OR WIFE <u>Matilda Buersmeyer</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>		16. SOCIAL SECURITY NO. <u>492-05-4777</u>		17. INFORMANT <u>CHARLES CRADER JR. J C MO.</u>			
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>Coronary Occlusion</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Heart</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <u>Fell dead on County Rd - 3 miles E. of Elston Mo.</u>			
20c. TIME OF INJURY Hour <u>11:00</u> p.m. Month, Day, Year <u>8/8/60</u>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>County Road</u>		20f. CITY, TOWN, OR LOCATION <u>Jefferson City - Cole - Mo.</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>							
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Arthur J. Corow</u> (Degree or title) <u>Corow (Cole County)</u>				22b. ADDRESS <u>Jefferson City, Mo.</u>		22c. DATE SIGNED <u>8/9/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>8/12/60</u>		23c. NAME OF SEMETERY OR CREMATORY <u>RESURRECTION</u>		23d. LOCATION (City, town, or county) (State) <u>JEFFERSON CITY, MO.</u>	
24. FUNERAL DIRECTOR <u>Sylvester Dulle</u> ADDRESS <u>J C, MO</u>				25. DATE RECD. BY LOCAL REG. <u>13 August 1960</u>		26. REGISTRAR'S SIGNATURE <u>R.P. Harris MD - Richter, dep.</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS AUG 17 1960

VS AUG 30 1960

VS AUG 29 1960

VS SEP 15 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lyvester Delle

Licensed Embalmer No. 4320

P. O. Address Jefferson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to do 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.