

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-000601
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 0000 Registrar's No. 10

AMENDED

FILED JAN 9 1962

1. PLACE OF DEATH a. COUNTY Cape Girardeau			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Cape		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Whitewater Mo.		Length of stay in 1b 67 yr	c. CITY OR TOWN Whitewater Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION None, Whitewater Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS None		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Julius Middle Alva Last Crader			4. DATE OF DEATH Month Jan Day 1 Year 1962		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 7-3-1894	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months 5 Day 0 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and state or country) Marble Hill Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME Marsh Crader		13b. MOTHER'S MAIDEN NAME Mary Shanks		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Whitewater Mo. Mr. Russal Crader	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis				INTERVAL BETWEEN ONSET AND DEATH 17 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis					
DUE TO (c) Age					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (b) Arteriosclerotic heart disease				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 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.)	
20c. TIME OF INJURY Hour a.m. p.m. 		Month, Day, Year 			
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 COUNTY STATE	
21. I attended the deceased from Nov 10, 1961 to Dec 26, 1961 and last saw him alive on Dec 26, 1961 Death occurred at 10:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Joseph E. Hecker M.D. (Degree or title)			22b. ADDRESS Jackson, Mo		22c. DATE SIGNED 1/4/62 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-3-1962	23c. NAME OF CEMETERY OR CREMATOR McGuire		23d. LOCATION (City, town, or county) Burfordville Mo.
24. FUNERAL DIRECTOR Brinkopf Howell Cape Gir, Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. 1-5-62	26. REGISTRAR'S SIGNATURE Ernest Kasten	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

JAN 16 1962
FEB 6 1962

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 Neil H. Kraschender

Licensed Embalmer No. 4884

P. O. Address Cape Girardeau

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.