

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009425

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 712 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED MAR 8 1962**

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KIRKWOOD</b>		c. CITY OR TOWN <b>BARNHART</b>	
Length of stay in lb <b>6 DAYS</b>		d. STREET ADDRESS (If outside, give location) <b>HIGHWAY 61 &amp; 67</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOSEPH</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <b>JAMES ROBERT SHRADER</b>			4. DATE OF DEATH Month Day Year <b>FEB 27 1962</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>OCT 4 1878</b>	9. AGE (last birthday) <b>83</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MECHANIC</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GENERAL MECHANIC</b>	11. BIRTHPLACE (City and state or country) <b>KENTUCKY</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>
13a. FATHER'S NAME <b>J. C. SHRADER</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>ANNIE ARNOLD (DEC)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>KIRKWOOD MO KENNETH JOHNSTON 1005 EDGEWORTH</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH <b>months</b>
IMMEDIATE CAUSE (a) <b>Congestive Heart Failure</b>			
DUE TO (b) <b>Arteriosclerotic Heart Disease</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 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 Month, Day, Year a.m. p.m.			

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
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21. I attended the deceased from 2/24/62 to 2/27/62 and last saw her/him alive on 2/27/62  
Death occurred at 2/27/62 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>James C. Vert MD</i>	(Degree or title)	22b. ADDRESS <i>634 N. Grand</i>	22c. DATE SIGNED <i>2/28/62</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>MAR 1 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>RAUSCHENBACH CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>IMPERIAL MO</b>
24. FUNERAL DIRECTOR <b>HEILIGTAG FUNERAL HOME IMPERIAL MO</b>		25. DATE RECD. BY LOCAL REG. <b>2-28-62</b>	26. REGISTRAR'S SIGNATURE <i>John C. Murphy MD</i>

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 INSTEAD OF  
 SHOULD READ  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DOCUMENT  
 MEDICAL CERTIFICATION  
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 USE BLACK INK OR TYPEWRITER RIBBON

**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 Elmer A. Hightower

Licensed Embalmer No. 3571

P. O. Address Imperial MD

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.