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FILED APR 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13080

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Mason</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Cerro Gordo</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hudson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mason Box Clear Lake</u>	
c. LENGTH OF STAY (In this place) <u>2yr 3mo</u>		d. STREET ADDRESS (If rural, give location) <u>Dodges Point Park</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Still-Hildreth San</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) <u>E.</u> c. (Last) <u>Redfearn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 15, 1949</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec 8 - 1876</u>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>72 2 7</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Galena, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
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13a. FATHER'S NAME <u>John W. Westwick</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Emerson</u>		14. NAME OF HUSBAND OR WIFE <u>Percival A. Redfearn</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Evela M. Redfearn</u>		ADDRESS <u>Clear Lake Iowa</u>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cholecystitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 weeks</u>	
		- ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile Dementia</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Nov 4, 1946 to Feb 15, 1949, that I last saw the deceased alive on Feb 15, 1949, and that death occurred at 9:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. M. Still M.D.</u>		23b. ADDRESS <u>1202 Mason Mo</u>		23c. DATE SIGNED <u>2-15-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>Feb. 16, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memoria Park</u>		24d. LOCATION (City, town, or county) (State) <u>Mason City, Iowa</u>	
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DATE REC'D BY LOCAL REG. <u>4/6/49</u>		REGISTRAR'S SIGNATURE <u>P. McNeely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Shinn</u>		ADDRESS <u>Mason</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No.

District File Number 44

Date Filed APR 27 1949

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 _____
Student Embalmer

Signed Albert Kummer

Licensed Embalmer No. 757

P. O. Address Macon, 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 this body is not embalmed, fact should be so stated above.