

FILED NOV 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33511

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5440 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Clay Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Clay Twp.	
c. LENGTH OF STAY (in this place) 2 yrs		d. STREET ADDRESS (If rural, give location) Bland Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bland Rural			

3. NAME OF DECEASED (Type or Print) Sarilda Jane Redden			4. DATE OF DEATH (Month) (Day) (Year) Oct. 30 1949		
a. (First)		b. (Middle)		c. (Last)	

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH June 11, 1890	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maries County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME David Byrd	13b. MOTHER'S MAIDEN NAME Margaret Jenkins	14. NAME OF HUSBAND OR WIFE Harrison Redden
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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) no	16. SOCIAL SECURITY NO. ***	17. INFORMANT'S SIGNATURE OR NAME Mrs. Margaret Fisher Owensville.	ADDRESS 120.
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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		INTERVAL BETWEEN ONSET AND DEATH. 3 yrs 6 yrs. 57 AX
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardial Degeneration		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)	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 7/8, 1899, to 10/30, 1949, that I last saw the deceased alive on 10/29, 1949, and that death occurred at 4:15 a. m., from the causes and on the date stated above.

23a. SIGNATURE R. H. Acknowledges	(Degree or title) Ch. 2	23b. ADDRESS Belle, Mo	23c. DATE SIGNED 10/31/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-1-1949	24c. NAME OF CEMETERY OR CREMATORY Nubben Ridge Cem.	24d. LOCATION (City, town, or county) (State) near Owensville, Mo.
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DATE REC'D BY LOCAL REG. Nov. 2, 1949	REGISTRAR'S SIGNATURE Dorothy Lackman	102	25. FUNERAL DIRECTOR'S SIGNATURE Milford H. H. White	ADDRESS Owensville
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
NOV 5 1919  
District Health Officer No. 9,  
District File Number

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 Melford H. White

Licensed Embalmer No. 3838

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