

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41502**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **5587** Registrar's No. **231**

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Jasper</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Jasper</b>	
c. LENGTH OF STAY (in this place) <b>44</b> days		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED a. (First) <b>Carrie</b> b. (Middle) <b>Elizabeth</b> c. (Last) <b>REDMOND</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 19, 1949</b>		5. SEX <b>Female</b> / 6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>June 25, 1861</b>	
9. AGE (In years last birthday) <b>88</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Michigan</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>William Fatterson</b>	
13b. MOTHER'S MAIDEN NAME <b>Elvira Kingsley</b>		14. NAME OF HUSBAND OR WIFE <b>George H. Redmond</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Frank Crow, Jasper, Mo.</b>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Senility</b>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. INTERVAL BETWEEN ONSET AND DEATH		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		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?	
22. I hereby certify that I attended the deceased from <b>10/2/49</b> , 19___, to <b>12/11</b> , 19 <b>49</b> , that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Charles F. Schell M.D.</b> (Degree or title)		23b. ADDRESS <b>Carthage, Mo.</b>	
23c. DATE SIGNED <b>12/20/49</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>12-21-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn</b>	
24d. LOCATION (City, town, or county) (State) <b>Jasper, Mo.</b>		DATE REC'D BY LOCAL REG. <b>12-20-49</b>	
REGISTRAR'S SIGNATURE <b>L. B. Clinton</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Sharp &amp; Selvey</b>	
ADDRESS <b>Jasper, Mo.</b>		ADDRESS <b>Jasper, Mo.</b>	

Per-n. Jackson (Lic. as Embalmer's Statement on Reverse Side)

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

RECEIVED 12-27-49

Jasper County Health Office

County File Number 49-12-986

Date Filed 12-30-49

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, ~~as by~~

*Glen A. Gibbons*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed *Glen A. Gibbons*

Licensed Embalmer No. 4624

P. O. Address Jasper, 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.