

FILED APR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14137

State File No.

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Humansville</u>	c. LENGTH OF STAY (in this place) <u>50 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Humansville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>FRANCIS</u>	b. (Middle) <u>EIDEN</u>	c. (Last) <u>REDMAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 16 1950</u>
--	---------------------------	--------------------------	-------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 19, 1873</u>	9. AGE (In years last birthday) <u>77</u>	10. UNDER 1 YEAR Months Days <u>1 28</u>	11. UNDER 100 HRS. Hours Min.
-----------------------	----------------------------------	--	--	--	--	------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retail Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery Store</u>	11. BIRTHPLACE (State or foreign country) <u>Kalozog, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	---

13a. FATHER'S NAME <u>James G. Redman</u>	13b. MOTHER'S MAIDEN NAME <u>Mary A. Antle</u>	14. NAME OF HUSBAND OR WIFE <u>Hattie Redman</u>
--	---	---

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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hattie Redman</u>	ADDRESS <u>Humansville, Mo.</u>
---	----------------------------------	--	------------------------------------

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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>331X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on 4-15, 1950, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. S. Robinson</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Humansville Mo.</u>	23c. DATE SIGNED <u>4/18/50</u>
---	----------------------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 19 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Humansville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Humansville, Mo.</u>
--	-----------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>April 19, 1950</u>	REGISTRAR'S SIGNATURE <u>Ralph Garden</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James B. ...</u>	ADDRESS <u>Humansville, Mo.</u>
---	--	---	------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 71

District File Number 3-50-421

Date Filed 4-27-50

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.

Signed Wm. H. Northrop.....

Signed.....

Student Embalmer

Licensed Embalmer No. 4747

P. O. Address Hemansville, 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.