

STANDARD CERTIFICATE OF DEATH

State File No. **17675**

FILED MAY 31 1950

REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **3051** Registrar's No. **32**

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Perryville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Perryville</b>	
c. LENGTH OF STAY (in this place) <b>8 Months</b>		d. STREET ADDRESS (If rural, give location) <b>223 South Spring</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>223 South Spring</b>		e. STREET ADDRESS (If rural, give location) <b>223 South Spring</b>	

3. NAME OF DECEASED (Type or Print) <b>Vincent Roy Reddick</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 21, 1950</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>February 15, 1905</b>		9. AGE (In years last birthday) <b>45</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Auto Mechanic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Automobile Repair</b>	11. BIRTHPLACE (State or foreign country) <b>Perryville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Joseph G. Reddick</b>	13b. MOTHER'S MAIDEN NAME <b>Mary A. McBride</b>	14. NAME OF HUSBAND OR WIFE <b>Alta Dubois Reddick</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>497-18-2949</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. Alta Reddick, 223 S. Spring St., Perryville, Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 months 4 months</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma - Metastatic</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>" of tongue (origin)</b> 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)
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 **Apr 6, 1950**, to **Apr 21, 1950**, that I last saw the deceased alive on **Apr 21, 1950**, and that death occurred at **10:30a m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Calvin M. ...</b>	23b. ADDRESS <b>Perryville Mo</b>	23c. DATE SIGNED <b>4-22-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 24, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope</b>	24d. LOCATION (City, town, or county) (State) <b>Perryville, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Apr 24-1950</b>	REGISTRAR'S SIGNATURE <b>Joe Zellner</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Albert Bey, Perryville, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

191

MAY 19 1951  
STATE BOARD OF HEALTH No. 1  
11-10-51 550-733

MAY 31 1951

**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 Bey*

Licensed Embalmer No. ....

P. O. Address *Perryville, Pa.*

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.