

FILED JUN 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20033

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>			
3. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains, Mo</u>		c. LENGTH OF STAY (In this place) <u>8 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>401 Railroad Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>4-15-50</u>			
3. NAME OF DECEASED (Type or Print) <u>William</u>		a. (First)		b. (Middle) <u>Garrett</u>		c. (Last) <u>Reddin</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>8-3-1869</u>	
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>12</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Real Estate Dealer</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Hardin County, Tennessee</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>UNK</u>		13b. MOTHER'S MAIDEN NAME <u>UNK</u>		14. NAME OF HUSBAND OR WIFE <u>Elsie B. Reddin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>N</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Pauline Reddin, West Plains, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency with cardiac decompensation - Myocardial degeneration.</u> ANTECEDENT CAUSES Forbidd conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility -</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility -</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>6 mo.</u> <u>4222</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) (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 <u>Oct 26</u> , 19 <u>49</u> , to <u>4-15</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-14</u> , 19 <u>50</u> , and that death occurred at <u>11:10 AM</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Virgil A. Bailey</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>107 Walnut West Plains Mo</u>		23c. DATE SIGNED <u>4/28/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>R</u>		24b. DATE <u>4-17-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Doniphan</u>		24d. LOCATION (City, town, or county) (State) <u>Doniphan, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-12-50</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> <u>379</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robertsons, West Plains, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-19-50  
District Health Officer No. 8,  
District File Number 65035  
Date Filed 6-19-50

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.