S. No. 300
V. 10.48

FILED MAR 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11329

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada
c. LENGTH OF STAY (In this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 319 West Walnut

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Vernon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada
d. STREET ADDRESS (If rural, give location): 319 West Walnut

3. NAME OF DECEASED (Type or Print)
a. (First): Minnie
b. (Middle): M.
c. (Last): Redmon

4. DATE OF DEATH (Month) (Day) (Year): March 15 1951

5. SEX: Fm
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: January 30, 1867
9. AGE (In years last birthday): 84
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Adolph Vöss
13b. MOTHER'S MAIDEN NAME: Katherine Kahl
14. NAME OF HUSBAND OR WIFE: A. D. Redmon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Emma Voss
ADDRESS: Nevada, Mo.

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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Blind & deaf & physically incapacitated for 8 years

DUE TO (c) — 4201

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: nil
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* apr 10, 1949, *to* Mar 15, 1951, *that I last saw the deceased alive on* 3-15-, 1951, *and that death occurred at* 7:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. Newton (Degree or title): M D
23b. ADDRESS: Nevada Mo
23c. DATE SIGNED: 3/16/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 16, 1951
24c. NAME OF CEMETERY OR CREMATORY: Newton Burial Park
24d. LOCATION (City, town, or county) (State): Nevada Missouri

DATE REC'D BY LOCAL REG.: 3-16-1951
REGISTRAR'S SIGNATURE: Emma E. Ferry 451
25. FUNERAL DIRECTOR'S SIGNATURE: Ferry Funeral Home
ADDRESS: Nevada Missouri

(Licensed Embalmer's Statement on Reverse Side) C. O. Ferry

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED MAR 19 1951
Dist. File 35 2 - 6 1 0
Date Filed 3 - 22 - 51

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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed [signature]

Signed .....
Student Embalmer

Licensed Embalmer No. 1760

P. O. Address [illegible]

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.