

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

401

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 401

1. PLACE OF DEATH

a. COUNTY Buchananb. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Josephc. LENGTH OF STAY (in this place) 34 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

a. STATE Missouri b. COUNTY Buchananc. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Josephd. STREET ADDRESS (If rural, give location) 2209 Union Streetd. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital

3. NAME OF DECEASED (Type or Print)

a. (First)

Nola

b. (Middle)

Alvin

c. (Last)

Redmon4. DATE OF DEATH (Month) (Day) (Year)
April 8, 1951.

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 15, 1888.9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
General Manager10b. KIND OF BUSINESS OR INDUSTRY
Motor Parts & Equipment Co. DeKalb, Mo.11. BIRTHPLACE (State or foreign country) 012. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME

James W. Redmon

13b. MOTHER'S MAIDEN NAME

Luvina Simmons

14. NAME OF HUSBAND OR WIFE

Florence Mary Redmon15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
***** 401-09-229517. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Florence M. Redmon St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

MEDICAL CERTIFICATION

Coronary OcclusionINTERVAL BETWEEN ONSET AND DEATH
2 hrs

ANTECEDENT CAUSES

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

DUE TO (b)

Coronary arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

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

First Coronary Occlusion Oct 21, 1944

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

4201

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)

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 Oct 21, 1944, to Apr 8, 1951, that I last saw the deceased alive on Apr 8, 1951, and that death occurred at 2:00A m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

April 18, 1951Carl C. CasperHalter Meierhoffer St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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, Albert C. Herring

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Albert C. Herring

Licensed Embalmer No. 3258 Missouri.

P. O. Address. St. Joseph, Missouri.

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.