

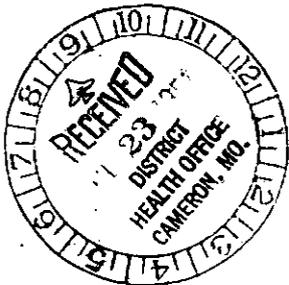
FILED JUL 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22833**

BIRTH NO. _____		REG. DIST. NO. <b>133</b>		PRIMARY REG. DIST. NO. <b>3022</b>		Registrar's No. <b>58</b>			
1. PLACE OF DEATH a. COUNTY <b>Harrison</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <b>Missouri</b>				b. COUNTY <b>Harrison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bethany</b>		c. LENGTH OF STAY (In this place) <b>2 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Gainsville</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bethany Hospital, Bethany, Mo.</b>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Edna</b>			b. (Middle) <b>Dell</b>			c. (Last) <b>Redinger</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>July 8 1951</b>			5. SEX <b>Female</b>			6. COLOR OR RACE <b>White</b>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>			8. DATE OF BIRTH <b>May 23, 1874</b>			9. AGE (In years last birthday) <b>77</b>		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) <b>Homemaker</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <b>Madison Twp. Harrison Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>John Riley</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Lay</b>			14. NAME OF HUSBAND OR WIFE			
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>None</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Garland Deam Redinger</b>			ADDRESS <b>Gainsville, Mo.</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>						INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>						<b>14 yrs?</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 <b>331X</b>						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 <b>7-6, 1951</b> , to <b>7-8, 1951</b> , that I last saw the deceased alive on <b>7-8, 1951</b> , and that death occurred at <b>9:15 A m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>W. S. Broyles M. D.</b>			23b. ADDRESS <b>Bethany, Missouri.</b>			23c. DATE SIGNED <b>July 10 1951</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>		24b. DATE <b>July 11 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Zoar Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Gainsville, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>7/20/51</b>		REGISTRAR'S SIGNATURE <b>John Burris</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>Gainsville, Mo.</b>			

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, of Mo.

Eddie J. Stoklasa

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Eddie J. Stoklasa

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3602

P. O. Address Gainsville, 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.