

No. 300
10.48

APR 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12089

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 392

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Doniphan	
b. CITY OR TOWN St. Joseph		c. CITY OR TOWN Troy	
c. LENGTH OF STAY (in this place) 12 hour		d. STREET ADDRESS (If rural, give location) 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Meth. Hospital			

3. NAME OF DECEASED (Type or Print) Pearl Redmond			4. DATE OF DEATH (Month) (Day) (Year) 4/6/52		
a. (First)	b. (Middle)	c. (Last)	Date	Month	Year

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 4/3/86	9. AGE (In years last birthday) 66	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 MRS. Hours	# UNDER 1 MRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Never worked	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Manitou Colo.		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Ed Redmond	13b. MOTHER'S MAIDEN NAME Frances Westpour	14. NAME OF HUSBAND OR WIFE			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Doniphan Co. Welfare Office Troy, Mo.			
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 24 hours	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis, general			59 years	
	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 331X			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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 4/6, 1952, to 4/6, 1952, that I last saw the deceased alive on 4/6, 1952 and that death occurred at 4 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS 426 N. 8th St. Troy, Mo.	23c. DATE SIGNED 4/7/52
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24a. BURIAL / CREMATION / REMOVAL (Specify) Removal	24b. DATE 4/6/52	24c. NAME OF CEMETERY OR CREMATORY Mt. Olive, Troy, Mo.	24d. LOCATION (City, town, or county) (State) Troy Kansas	
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DATE REC'D BY LOCAL REG. Apr 11, 1952	REGISTRAR'S SIGNATURE Carl E. Casey	25. FUNERAL DIRECTOR'S SIGNATURE E. L. Kall	ADDRESS Troy Kans.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed J. L. Kain

Signed.....
Student Embalmer

Licensed Embalmer No. 3572

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.