

S. No. 300
V. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41898**

FILED DEC 31 1952

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4168 Registrar's No. 30

0320

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo	
b. CITY (If outside corporate limits, write RURAL and give township) Mayeville Mo		b. COUNTY DeKalb	
c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Mayeville Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Susie	b. (Middle) Melissa	c. (Last) Redmond	4. DATE OF DEATH (Month) (Day) (Year) 12 13 52
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept. 30, 1870	9. AGE (In years last birthday) 81	10. UNDER 1 YEAR Months 2	10. UNDER 1 YEAR Days 13	10. UNDER 1 YEAR Hours 	10. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Mo, 0	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Evan Whiteaker	13b. MOTHER'S MAIDEN NAME Martha Moore	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 dates of service) No	16. SOCIAL SECURITY NO. XXXXXXXX XXX	17. INFORMANT'S SIGNATURE OR NAME Herald Redmond	17. ADDRESS Mayeville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of uterus, Colon? & Bladder		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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	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)	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 June 1945 to 12/13, 1952 that I last saw the deceased alive on 12/13, 1952 and that death occurred at 5 A. m., from the causes and on the date stated above.

23a. SIGNATURE Herald Redmond	(Degree or title)	23b. ADDRESS Mayeville Mo	23c. DATE SIGNED 12-14-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-52	24c. NAME OF CEMETERY OR CREMATORY Mayeville Oak Lawn	24d. LOCATION (City, town, or county) (State) Mayeville Mo
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DATE REC'D BY LOCAL REG. 12-23-52	REGISTRAR'S SIGNATURE Roscoe Davidson	5. FUNERAL DIRECTOR'S SIGNATURE John Brown	ADDRESS Mayeville Mo
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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, or by.....

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working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. **3933**

P. O. Address. **Maysville 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.