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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14851

State File No. .....

BIRTH NO. FILED APR 17 1953 REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4268 Registrar's No. .....

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

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1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mayview Mo
c. LENGTH OF STAY (in this place): 1903
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mayview Mo 0540
d. STREET ADDRESS (If rural, give location): RR#1, 0

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): William
c. (Last): Redhage

4. DATE OF DEATH (Month) (Day) (Year): April 5-1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify): Married 1
8. DATE OF BIRTH: Aug 11-1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 7 Days 24 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Jefferson County Mo 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: August Redhage
13b. MOTHER'S MAIDEN NAME: Catharine Bonte
14. NAME OF HUSBAND OR WIFE: Alma Meinershagen

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.
17. INFORMANT'S SIGNATURE OR NAME: Alma Redhage — ADDRESS: Mayview 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): Myocarditis @ decompensation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis and Coronary Sclerosis.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Prostatitis.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: No surgery
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
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* March 1, 1953, *to* April 5, 1953, *that I last saw the deceased alive on* April 5, 1953, *and that death occurred at* 6P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W E Martin MD 0
23b. ADDRESS: Odessa Mo
23c. DATE SIGNED: 4-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-8-53
24c. NAME OF CEMETERY OR CREMATORY: Evangelical
24d. LOCATION (City, town, or county) (State): Mayview 7710.

DATE REC'D BY LOCAL REG.: 4-5-53
REGISTRAR'S SIGNATURE: Emma David Cox 4 5 53
25. FUNERAL DIRECTOR'S SIGNATURE: Forrest A Hosko — ADDRESS: Higginsville 770

(Licensed Embalmer's Statement on Reverse Side)

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 Forrest A. Hoyer

Signed.....
Student Embalmer

Licensed Embalmer No. 4358

P. O. Address Higginsville,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.