

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15116**

FILED APR 27 1953

BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **3048** Registrar's No. **85**

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

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville 0742	
c. LENGTH OF STAY (in this place) 17 days		d. STREET ADDRESS (If rural, give location) 616 East Second 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) NETTIE	b. (Middle) LOVE	c. (Last) REDMOND	4. DATE OF DEATH (Month) (Day) (Year)
				4 16 53

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED Widowed	8. DATE OF BIRTH 5/5/78	9. AGE (In years last birthday) 74	10. UNDER 1 YEAR Months	11. UNDER 1 HRS. Days	12. UNDER 1 HRS. Hours	13. UNDER 1 HRS. 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 Own home	11. BIRTHPLACE (State or foreign country) Maryville, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Mack Smart	13b. MOTHER'S MAIDEN NAME Mary Alice Latimer	14. NAME OF HUSBAND OR WIFE John Redmond, dec.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Frank Smart, Omaha, Nebr.	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular Fibrillation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) 4222 F		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured left femur			

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.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY 3 31 53 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell at home
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22. I hereby certify that I attended the deceased from **9-31-53**, 19**53**, to **April 16**, 19**53**, that I last saw the deceased alive on **4-15**, 19**53**, and that death occurred at **8:20A** m., from the causes and on the date stated above.

23a. SIGNATURE W.R. Jackson (Degree or title) M. D.	23b. ADDRESS Maryville, Missouri	23c. DATE SIGNED 4/20/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/18/53	24c. NAME OF CEMETERY OR CREMATORY Oak Hill	24d. LOCATION (City, town, or county) (State) Maryville, Missouri
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DATE REC'D BY LOCAL REG. 4-25-53	REGISTRAR'S SIGNATURE Bess Hult	25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home	ADDRESS Maryville, Mo.
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John W. Price
Licensed Embalmer No. 4281

P. O. Address Maryville 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.