

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **518**

No. 300
10.48

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

BIRTH NO. FILED FEB 5 1954		REG. DIST. NO. 58	PRIMARY REG. DIST. NO. 4089	Registrar's No. 2
1. PLACE OF DEATH a. COUNTY Carter		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo b. COUNTY Carter		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grandin		c. LENGTH OF STAY (In this place) 55 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grandin 0180	
d. FULL NAME OF HOSPITAL OR INSTITUTION Own Home		d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED (Type or Print) a. (First) Zella b. (Middle) E c. (Last) Redell		4. DATE OF DEATH (Month) (Day) (Year) Jan 4 1954		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 15 1870	
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife	11. BIRTHPLACE (City and State or Foreign Country) Indiana	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Ross Peterson		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE A. W. Redell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME A. W. Redell
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1-254
		ANTECEDENT CAUSES 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 331X		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) Doniphan Mo
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?
22. I hereby certify that I attended the deceased from 1-1-1954 to 1-4-1954 that I last saw the deceased alive on 1-3-54, and that death occurred at 4:50 A.M., from the causes and on the date stated above.				
23a. SIGNATURE Clifford Goforth M.D.		23b. ADDRESS Doniphan Mo		23c. DATE SIGNED Feb-2-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. NAME OF CEMETERY OR CREMATORY Grandin Cemetery Grandin Mo.		24c. LOCATION (City, town, or county) (State)
24d. DATE Feb. 6-54		25. FUNERAL DIRECTOR'S SIGNATURE Seaton Hewitt Van Wuren		
DATE REC'D BY LOCAL REG. Feb. 3-1954		REGISTRAR'S SIGNATURE Mrs Oeta Henson		ADDRESS

(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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Seaton Pruitt

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.