

FILED NOV 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32707

State File No.

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give town or township) Kennett		c. CITY OR TOWN Holcomb	
c. LENGTH OF STAY (in this place) 3 hrs.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dunklin County Memorial Hospital		f. STREET ADDRESS (If rural, give location) Route # 1	

3. NAME OF DECEASED (Type or Print) a. (First) Victor b. (Middle) Greene c. (Last) Redman			4. DATE OF DEATH (Month) (Day) (Year) 8 18 1955		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH 8-19-1897		9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months 11 Days 30		IF UNDER 24 HRS. Hours Min. 	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant			10b. KIND OF BUSINESS OR INDUSTRY Mercantile			11. BIRTHPLACE (City and State or Foreign Country) Izard County, Arkansas			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME Cuff Redman			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE None		
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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) None		16. SOCIAL SECURITY NO. 495-16-5187		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mildred Thompson Piggott, Arkansas			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 1 hour	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Occlusion							
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 4201							
		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) 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 1:24 P, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Quinton Tarver, Coroner, Dunklin County (Degree or title)		23b. ADDRESS Kennett, Mo.		23c. DATE SIGNED 8-19-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/21/1955		24c. NAME OF CEMETERY OR CREMATORY Searcy Cemetery, Searcy, Arkansas		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REC. 9-28-55		REGISTRAR'S SIGNATURE Carl H. Hubbard		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leigh Russell Piggott Ark	
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 17 1909

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
Signature of Student Embalmer

Signed *Lloyd Russell*
Licensed Embalmer No. 109
P. O. Address *Deppott, Va*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.