

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41155
State File No. 99

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559v Registrar's No. 99

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo		b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) Hillsboro (Rural) Joachim		c. LENGTH OF STAY (In this place) Joachim		c. CITY OR TOWN Hillsboro	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hillsboro, R.R. 1		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
e. STREET ADDRESS Rural Rt. # 1 Joachim Twsp.		0560			

3. NAME OF DECEASED (Type or Print) a. (First) Caroline			b. (Middle) Redecker			c. (Last) Redecker			4. DATE OF DEATH (Month) (Day) (Year) Dec. 9, 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 18, 1876		9. AGE (In years last birthday) 80/11/21		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY On Farm		11. BIRTHPLACE (City and State or Foreign Country) Jefferson County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Fred Kaufmann		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE William F. Redecker	
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. None		17. INFORMANT'S SIGNATURE OR NAME George Dietz, Hillsboro, MO. R # 1	

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) <u>Acute Sigmoiditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Two</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1981</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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 10, 1955 to 12/9, 1955, that I last saw the deceased alive on 12/9, 1955, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. E. Deen</u>		(Degree or title) _____		23b. ADDRESS <u>120 Main St. Hillsboro, Mo.</u>		23c. DATE SIGNED <u>12/10/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-11-55		24c. NAME OF CEMETERY OR CREMATORY Sandy		24d. LOCATION (City, town, or county) (State) Hillsboro, R # 1 Mo	

DATE REC'D BY LOCAL REG. 12-10-55		REGISTRAR'S SIGNATURE <u>Frederic G. Rigdon</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. W. Wenzel</u>		ADDRESS 120 Main St. Hillsboro, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

DEC 13 1955

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 *Ronald A. Venzard*

Licensed Embalmer No. *146*

P. O. Address *Georgetown*

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.