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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 5 - 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>Jefferson City</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>502 Nelson Dr.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Paul Lester</u>	b. (Middle) <u>Redman</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 1, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 28, 1892-1893</u>	9. AGE (In years last birthday) <u>62</u>	10. UNDER 1 YEAR Months <u>11</u> Days <u>3</u>	11. UNDER 1 HR. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Eng. Bridge Dept. Mo.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mo State Highway</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Streator, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>John Redman</u>	13b. MOTHER'S MAIDEN NAME <u>Emily Scheerer-Scheerer</u>	14. NAME OF HUSBAND OR WIFE <u>Kathryn J. Redman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give year or dates of service) <u>World War #1</u>	16. SOCIAL SECURITY NO. <u>497-20-8113</u>	17. INDEMNITY SIGNATURE OR NAME <u>Mrs Kathryn J. Redman</u>	ADDRESS <u>Jefferson City, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>4200</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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19c. 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)	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 12-2-, 1954, to 1-1-, 1956, that I last saw the deceased alive on 1-1-, 1954 and that death occurred at 9:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Earl L. Lloyd M.D.</u>	23b. ADDRESS <u>Jeff City Mo.</u>	23c. DATE SIGNED <u>1-3-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 3, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3 Jan 1956</u>	REGISTRAR'S SIGNATURE <u>R.P. Davis MD - MR.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Uelob Beachu</u>	ADDRESS <u>Jefferson City Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

can't locate - 1/1/56

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JAN 23 1958

VS FEB 7 1961

JAN 5 1958

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 *Victor Bureschu*

Licensed Embalmer No. *3701*

P. O. Address *Jefferson City 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.