

FILED AUG 13 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24231**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **169** PRIMARY REG. DIST. NO. **5090** Registrar's No. **52**

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Oerman-Bigler Farm</b>	c. LENGTH OF STAY (In this place) <b>9500</b>	c. CITY OR TOWN <b>Oerman</b>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Dittmer - R-R #1</b>		e. STREET ADDRESS (If rural, give location) <b>Dittmer - R-R #1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Martha</b> b. (Middle) <b>Cecylia</b> c. (Last) <b>Highland</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7-31-1956</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>10-25-1893</b>	9. AGE (In years last birthday) <b>62</b> if UNDER 1 YEAR Months <b>9</b> Days <b>6</b> if UNDER 4 HRS. Hours <b>0</b> Min. <b>0</b>
10a. VISUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>MO</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Edward Redberg</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Oerman</b>	14. NAME OF HUSBAND OR WIFE <b>William</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Erwin Highland Patton Bell MO</b>

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Heart Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>
	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 listed above. <b>Patrol Cranial Cerebral Hemorrhage 2 1/2</b>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4341</b>		20. AUTOPSY? <b>yes</b> 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) m.	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 **April 53**, to **7-31**, 19**56**, that I last saw the deceased alive on **7-31**, 19**56**, and that death occurred at **7:00** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. W. E. Mitchell M.D.</b>	23b. ADDRESS <b>St. Clair MO</b>	23c. DATE SIGNED <b>Aug. 1-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-3-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Church Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Dittmer MO</b>

DATE REC'D BY LOCAL REG. <b>8-6-56</b>	REGISTRAR'S SIGNATURE <b>Carl E. Beecher M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sheswood W. Mitchell St. Clair MO</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

**JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI**

DATE RECEIVED

AUG 11 1956

SEP 11 1956

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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.....  
Signature of Student Embalmer

Signed..... *Sherwood W. Mitchell*

Licensed Embalmer No. *387*

P. O. Address *St. Clair*

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.