

FILED SEP 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29921

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 998

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) -a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>DeKalb</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>13 days</b>		e. STREET ADDRESS (If rural, give location) <b>01101</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>THOMAS</b>	b. (Middle) <b>FRANK</b>	c. (Last) <b>REDMON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 11, 1956</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>November 2, 1883</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 Hrs. _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>vet farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>DeKalb, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>James W. Redmon</b>	13b. MOTHER'S MAIDEN NAME <b>Luvina Simmons</b>	14. NAME OF HUSBAND OR WIFE <b>Thelma R. Redmon</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>498-40-6811</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. T.F. Redmon, DeKalb, Missouri</b>	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Heart disease</b>		1 Yr. Plus
	Chronic Bronchities Pulmonary Emphysema		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		14 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Acute Epididimitis</b>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>5271</b>	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) _____
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 8-19, 1956 to 9-10-56, 1956, that I last saw the deceased alive on 9-10-56, 1956, and that death occurred at 3:55 p. m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title) <input checked="" type="checkbox"/>	23b. ADDRESS <b>207 Phy. and Surg. Bldg St. Joseph, Mo.</b>	23c. DATE SIGNED <b>9-12-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>9/13/1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Westlawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>DeKalb, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Sept 18, 1956</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>St. Joseph, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *James P. Hawkins*.....

Licensed Embalmer No. *4534*

P. O. Address *319 E. 10th St.*

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.