S. No. 300
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FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38861

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5823 Registrar's No. 61

1. PLACE OF DEATH
a. COUNTY: New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Madrid Twsp.
c. LENGTH OF STAY (in this place): 3 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 miles west of Kenawee

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: New Madrid
c. CITY OR TOWN: Kenawee
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 4 miles west of kenawee

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3. NAME OF DECEASED (Type or Print)
a. (First): Arthur Larry
b. (Middle): Redman
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Nov 13 56

5. SEX: Male 2
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Neverermarried 0
8. DATE OF BIRTH: Oct 4, 1955
9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months 1, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Kenawee, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Authur Redman
13b. MOTHER'S MAIDEN NAME: Magnolia Johnson
14. NAME OF HUSBAND OR WIFE: none

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 ADDRESS: Magolia Redman-Kenawee, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burn to death in home

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.

INTERVAL BETWEEN ONSET AND DEATH

9160
16

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kewanee New Madrid Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 13 56 2P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Burn to death when Home burned

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 2 P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leo Hedgepeth Coroner 3
23b. ADDRESS: New Madrid, Mo
23c. DATE SIGNED: 11/16/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 15, 1956
24c. NAME OF CEMETERY OR CREMATORY: Simmons Burial Park
24d. LOCATION (City, town, or county) (State): Catron, Mo.

DATE REC'D BY LOCAL REG.: 11/16/56
REGISTRAR'S SIGNATURE: Fay Hedgepeth
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Ponder Funeral Home-Lilbourn, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

1

5120

DATE RECEIVED NOV 19 1956
NEW MADRID CO. HEALTH CENTER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Not Embalmed Homer L Ponder

Licensed Embalmer No. 336

P. O. Address Lilbourn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.