

FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38862**  
Registrar's No. **60**

BIRTH NO. _____		REG. DIST. NO. <b>238</b>		PRIMARY REG. DIST. NO. <b>5823</b>		Registrar's No. <b>60</b>	
1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>New Madrid Twsp</b>		c. LENGTH OF STAY (in this place) <b>SMO.</b>		c. CITY OR TOWN <b>Kewanee</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>.4 miles west of Kewanee</b>				e. STREET ADDRESS (If rural, give location) <b>4 miles west of Kewanee</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Stella</b>			b. (Middle) <b>Louise</b>			c. (Last) <b>Redman</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 13 56</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	
8. DATE OF BIRTH <b>Sept 13, 1955</b>		9. AGE (In years last birthday) <b>1 3 0</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Kenawee, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>R. T. Ford</b>		13b. MOTHER'S MAIDEN NAME <b>Virgia Lee Redman</b>		14. NAME OF HUSBAND OR WIFE <b>None</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 <b>Magolia Redman-Kewanee, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Burn to death in home</b>  ANTECEDENT CAUSES MORIBUND 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>9160</b> <b>16</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kewanee New Madrid Missouri</b>		21f. HOW DID INJURY OCCUR? <b>burn to death when home burned</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Nov 13 56 2P</b>		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		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 <b>2</b> P m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Jay Hedgpeth</b>		23b. ADDRESS <b>New Madrid, Mo</b>		23c. DATE SIGNED <b>11/16/56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov 15, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Simmons Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Catron Mo.</b>	
DATE REC'D BY LOCAL REG. <b>11/16/56</b>		REGISTRAR'S SIGNATURE <b>Jay Hedgpeth</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ponder Funeral Home-Lilbourn, Mo.</b>			

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

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(Licensed Embalmer's Statement on Reverse Side)

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 embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Homer L. Ponder

*Not Embalmed*

Licensed Embalmer No. 336

P. O. Address H L Ponder

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.