

**STANDARD CERTIFICATE OF DEATH**

State File No. ....

**FILED JAN 11 1957**

BIRTH NO. .... REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 4485 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Donnell</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Donnell</u>	
c. LENGTH OF STAY (in this place) <u>26 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>at home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MERLE</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>REDPATH</u>	4. DATE OF DEATH (Month) <u>Dec</u> (Day) <u>27</u> (Year) <u>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>Dec 29, 1893</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months: _____ Days: _____	IF UNDER 24 HRS. Hours: _____ Min: _____
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10a. USUAL OCCUPATION (Give kind of work as during most working life, even if retired) <u>R.R. Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Rail Road</u>	11. BIRTHPLACE (State or foreign country) <u>Miner, Louisiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Wm Redpath</u>	13b. MOTHER'S MAIDEN NAME <u>Zoe Lee</u>	14. NAME OF HUSBAND OR WIFE <u>Glady Walls Redpath</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>702-09-5195</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Gladys Redpath Donnell, Mo</u>	ADDRESS <u>Donnell, Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis and infarction</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Cardiac decompensation</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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)
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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?
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22. I hereby certify that I attended the deceased from Jan. 20, 1949, to Dec. 27th, 1956, that I last saw the deceased alive on November 30, 56, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Arthur M. Estes</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>714 Broadway, Cape Girardeau, Mo.</u>	23c. DATE SIGNED <u>12/31/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-29-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lightner Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Illmo, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-4-57</u>	REGISTRAR'S SIGNATURE <u>Thos. B. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>... ..</u>	ADDRESS <u>Illmo, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

45

H A V A H

DATE RECEIVED JAN 7 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 157-2

JAN 7 1957

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 Olivia C. Amick

Licensed Embalmer No. 4470

P. O. Address Felms, 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.