

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5275

STATE FILE NUMBER

FILED MAR 6 1957

Registration District No. 160 Primary Registration District No. 3029 Registrar's No. 18

Health, Welfare, Public Service
0601
300
-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
3
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
p. 1
5

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CRYSTAL CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN CRYSTAL CITY 0501
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Qunōset Inn		Length of stay in 1b	d. STREET ADDRESS BOX 155 (If outside, give location)
3. NAME OF DECEASED (Type or print) First Middle Last HARVEY PERRIN REDDICK			4. DATE OF DEATH Month Day Year 2-20-57
5. SEX MALE	6. COLOR OR RACE WHITE 0	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 26, 1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GENERAL FOREMAN		10b. KIND OF BUSINESS OR INDUSTRY P.P.G. CO.	11. BIRTHPLACE (City and state or country) ST LOUIS, MISSOURI 0
13. FATHER'S NAME CHARLES REDDICK		14. MOTHER'S MAIDEN NAME CORA BELLE PERRIN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs Harvey P. Reddick Crystal City - Mo
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Coronary Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ? DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 4 201
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 0
20c. TIME OF INJURY Hour Month, Day, Year. a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I discovered the deceased from _____ to _____ and last seen _____ Death occurred at 8:40 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Carl E Rice MD		22b. ADDRESS Hillsboro Mo	22c. DATE SIGNED 2-21-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-24-57	23c. NAME OF CEMETERY OR CREMATORY GAMEL	23d. LOCATION (City, town, or county) (State) FESTUS, MISSOURI
24. FUNERAL DIRECTOR Antony P. Felitto, Crystal City, Mo		25. DATE RECD. BY LOCAL REG. 2-22-57	26. REGISTRAR'S SIGNATURE James A. Fisher

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

FEB 26 1957

APR 1 1957
RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Genley B. Pettit*
Licensed Embalmer No. *34*

P. O. Address *Crystal*

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