

FILED JUL 23 1957

STANDARD CERTIFICATE OF DEATH

State File No. 25551

BIRTH CO. _____		REG. DIST. NO. 257		PRIMARY REG. DIST. CO. 5880		Registrar's No. 31			
1. PLACE OF DEATH a. COUNTY Osage				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Linn, Mo.		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Morris on		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Manor Rest Home				e. STREET ADDRESS (If rural, give location) 0370					
3. NAME OF DECEASED (Type or Print) a. (First) Bertha b. (Middle) Marie c. (Last) Redeker			4. DATE OF DEATH (Month) (Day) (Year) July 14, 1957						
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 5, 1870		9. AGE (In years less birthday) 87	10. MONTHS 1	11. DAYS 9		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Morris on, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Christ Wehmeyer		13b. MOTHER'S MAIDEN NAME Mary Rufth		14. NAME OF HUSBAND OR WIFE August Redeker					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marvin Redeker Morrison, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Thromboses</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic heart disease</i> 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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) 4200					
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 July 1, 1957, to July 14, 1957, that I last saw the deceased alive on July 13, 1957, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <i>Thomas W. Baldwin D.O.</i> (Degree or title)				23b. ADDRESS Linn		23c. DATE SIGNED 7-15-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 17/57	24c. NAME OF CEMETERY OR CREMATORY Good Hope		24d. LOCATION (City, town, or county) (State) Morris on, Mo.				
DATE REC'D BY LOCAL REG. July 18-1957		REGISTRAR'S SIGNATURE <i>T. A. Aubouille</i>		25. GENERAL DIRECTOR'S SIGNATURE <i>Edmond H. Rediger</i>		ADDRESS <i>Hermon, Mo.</i>			

(Licensed Embalmer's Statement on Reverse Side)

JUL 8 1967

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed *Edmund Ruediger*

Licensed Embalmer No. 20

P. O. Address Hermann

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.