

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43363

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 458

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ADAIR</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KIRKSVILLE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>KIRKSVILLE</u> e013 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>KIRKSVILLE</u> OSTEOPATHIC		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>RESIDE ON FARM</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>PATRICIA</u> <u>JOANNE</u> <u>REDMON</u>	First Middle Last	4. DATE OF DEATH Dec 23 1957	Month Day Year
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 6, 1932</u>	9. AGE (In years last birthday) <u>25</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u>--</u> Min. <u>--</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (City and state or country) <u>Milwaukee Wisconsin</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13. FATHER'S NAME <u>Thomas C. McCoy</u>	14. MOTHER'S MAIDEN NAME <u>Bertha F. Mahurin</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>476-38-5049</u>	17. INFORMANT <u>Dean Redmon</u>	Address <u>Kirksville, Mo.</u>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Depression</u> DUE TO (b) <u>Nephrosis</u> DUE TO (c) <u>Diabetes Mellitus</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (d) <u>260X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>2 months</u> <u>years</u>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		

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.)
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20c. TIME OF INJURY. Hour <u>---</u> Month, Day, Year a. m. <u>---</u> p. m. <u>---</u>	20d. PLACE OF INJURY (e. g., in or about home; farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Kirksville, Mo.</u>	COUNTY <u>ADAIR</u>	STATE <u>MISSOURI</u>
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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 <u>Kirksville, Mo.</u>	COUNTY <u>ADAIR</u>	STATE <u>MISSOURI</u>
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21. I attended the deceased from 1954 to Dec 23, 1957 and last saw her/him alive on Dec 23, 1957.
Death occurred at 5:12 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>W. J. Futura</u>	22b. ADDRESS <u>Kirksville, Mo.</u>	22c. DATE SIGNED <u>12-30-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec 26/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>La Plata Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>La Plata, Missouri</u>
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24. FUNERAL DIRECTOR <u>Kenwood M. Wilson</u>	ADDRESS <u>La Plata, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>1-4-1958</u>	26. REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u>
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(Licensed Embalmer's Statement on Reverse Side)

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

35-0

MAR 31 1958

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

YS MAY 6 1960

Signed *Robert B. Davis*

Licensed Embalmer No. 4219

P. O. Address *Kirkville*

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.