

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031552

STATE FILE NUMBER

FILED AUG 20 1958 Registration District No. 362 Primary Registration District No. #534 Registrar's No. 35

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| 1. PLACE OF DEATH a. COUNTY Warren | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Warren | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Truesdale | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Truesdale 1090 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Length of stay in 1b 10 yrs. | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last John Frederick Redeker | | | 4. DATE OF DEATH Month Day Year Aug. 12, 1958 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 1, 1873 |
| 9. AGE (In years last birthday) 85 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 11. BIRTHPLACE (City and state or country) Chamois, Missouri |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Henry Redeker | 13b. MOTHER'S MAIDEN NAME Charlotte Halstenberg |
| 14. NAME OF HUSBAND OR WIFE Thekla Redeker, decd. | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. none |
| 17. INFORMANT Mrs. Cora Muelles | | Address 4948 Alcott St. Louis 20, 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) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Senility DUE TO (c) 4201 | | | INTERVAL BETWEEN ONSET AND DEATH 2 weeks |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year o.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT <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 Truesdale Warren Mo. |
| 21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at About 12:30 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) F. W. Nieburg D.C. Coroner | | 22b. ADDRESS Warrenton Mo | 22c. DATE SIGNED Aug 12 1958 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 8-14-58 | 23c. NAME OF CEMETERY OR CREMATORY City Cemetery | 23d. LOCATION (City, town, or county) (State) Warrenton, Mo. |
| 24. FUNERAL DIRECTOR ADDRESS F.W. Nieburg & Co., Warrenton, Mo. | | 25. DATE RECD. BY LOCAL REG. Aug. 14-58 | 26. REGISTRAR'S SIGNATURE Helene Mildred |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Society, coroner, etc., may use any standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

