

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035951
STATE FILE NUMBER

FILED NOV 14 1958 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 168

1. PLACE OF DEATH a. COUNTY <u>WUNKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>D. C.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KENNETT</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>WASHINGTON, D.C.</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>905-NO. MAIN ST.</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>1772-WILLARD ST. N.W.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>MAJOR (NONE) REDDICK</u>			4. DATE OF DEATH Month Day Year <u>NOV 1 1958</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>NENRO</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MARCH 3-1911</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COMMON LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	9. AGE (In years last birthday) <u>47</u>
11. BIRTHPLACE (City and state or country) <u>BROWN MOUNT, TEXAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Reddick</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Allen</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes - W.W. I</u>		16. SOCIAL SECURITY NO. <u>703-03-0989</u>	17. INFORMANT <u>Adna H. Mann - Louisville, Ky</u> 708 Address E. Jacob
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>Cerebral hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Hypertension + arteriosclerosis</u> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
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.) <u>331X</u>	
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 attended the deceased from <u>NOV 1, 1958</u> to <u>NOV 1 58</u> and last saw her alive on <u>NOV 1, 1958</u> Death occurred at <u>11:30 p.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Chester R. Peck M.D.</u>		22b. ADDRESS <u>Kennett, Mo.</u>	22c. DATE SIGNED <u>11/3/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>NOV-5-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Our Lidge</u>	23d. LOCATION (City, town, or county) (State) <u>KENNETT, MO</u>
24. FUNERAL DIRECTOR <u>Paul Salzman</u>		ADDRESS <u>Kennett, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>11-5-1958</u>
		26. REGISTRAR'S SIGNATURE <u>Earl Hushman</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 19 1959

NOV 14 1958

COUNT FILE NUMBER

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

Signed *E. Balman*

Licensed Embalmer No. *2556*

P. O. Address *Kennett 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.