

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-029425

FILED VS AUG 3 1960

Registration District No. 360 Primary Registration District No. 6214 Registrar's No. 148

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Vernon</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clear CREEK</u> Length of stay in 1b _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Near Dedrick</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u> c. CITY OR TOWN <u>Harwood</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>Route 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>Donald Dwain Redemer</u>				4. DATE OF DEATH Month Day Year <u>July 21 1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>2-20-1937</u>	9. AGE (last birthday) <u>23</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Bever Co., Okla.</u>			
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Morris Redemer</u>		13b. MOTHER'S MAIDEN NAME <u>Mae Williamson</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>No</u>		16. SOCIAL SECURITY NO.			
17. INFORMANT <u>Morris Redemer, Harwood, Mo., R. 1</u>		17. ADDRESS					
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 concussion</u> DUE TO (b) <u>Fractured skull</u> DUE TO (c) <u>Automobile accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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>Automobile accident</u>					
20c. TIME OF INJURY <u>2:30</u>	Hour <u>am</u>	Month, Day, Year <u>7-21-60</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Secondary road</u>	20f. CITY, TOWN, OR LOCATION <u>4 Miles North Dederick, Missouri</u>	COUNTY	STATE			
21. I attended the deceased from <u>Never seen before</u> and last saw her <u>him</u> alive on _____ Death occurred at <u>2:30 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Robert L. Magee M.D.</u>			22b. ADDRESS <u>El Dorado Springs, Missouri</u>		22c. DATE SIGNED <u>7-23-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-24-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>El Dorado Springs</u>	23d. LOCATION (City, town, or county) (State) <u>El Dorado Springs, Mo.</u>				
24. FUNERAL DIRECTOR ADDRESS <u>Goinn-Carothers, El Dorado Spgs. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-29-1960</u>	26. REGISTRAR'S SIGNATURE <u>Arnold & Ferby</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Floyd E. Crothers

Licensed Embalmer No. 4419

P. O. Address E. Prado Sp.

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.