

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-60-041384**

FILED VS. DEC 7 1960 *72*

Registration District No. \_\_\_\_\_ Primary Registration District No. *4134* Registrar's No. *172*

STATE FILE NUMBER

DED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Clay</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Smithville</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Plette</b>		c. CITY OR TOWN <b>Camden Point, Mo.</b>	
Length of stay in 1b <b>3 wks</b>		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Smithville Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>Post office</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		Month Day Year	
First <b>Ernest</b>		Middle <b>Leo</b>		Last <b>Redden</b>		<b>Nov. 16, 1960</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/13/13</b>	9. AGE (last birthday) <b>47</b>	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Painting</b>		11. BIRTHPLACE (City and state or country) <b>Camden Point, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Ernst Redden</b>		13b. MOTHER'S MAIDEN NAME <b>Stella Foster</b>		14. NAME OF HUSBAND OR WIFE <b>Billie Redden</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW 2</b>		16. SOCIAL SECURITY NO. <b>496-01-1877</b>		17. INFORMANT <b>Billie Redden, Camden Point, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Liver failure</b>						<b>3 mos</b>	
DUE TO (b) <b>Metastatic Carcinoma</b>						<b>4 mos</b>	
DUE TO (c) <b>Primary in pancreas</b>						<b>1 year</b>	
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 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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
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 <b>8-16-60</b> to <b>11-10-60</b> and last saw her/him alive on <b>11-10-60</b> Death occurred at <b>12:45</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Paul Chescous, Jr.</b>				22b. ADDRESS <b>Smithville, Missouri</b>		22c. DATE SIGNED <b>11-10-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11/12/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Camden Point Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Camden Point, Missouri</b>			
24. FUNERAL DIRECTOR <b>Veughn &amp; Aufreng, Dearborn, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>11-11-60</b>		26. REGISTRAR'S SIGNATURE <b>Marguerite Hudgens</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 14 1961

DEC 13 1960

VS DEC 7 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*W. B. Jangle*

Licensed Embalmer No. 402

P. O. Address Weston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.