MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JAN 12 1961

-61-000698
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 4

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN: Jefferson City Mo — Length of stay in 1b: 1 day
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St Marys Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Maries
c. CITY OR TOWN: Vienna Mo — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: Anna Middle: Mary Last: Redel
4. DATE OF DEATH: Month: Jan Day: 6 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: Mar 23, 1878
9. AGE (last birthday): 82
IF UNDER 1 YEAR: Months: 9 Days: 13 — IF UNDER 24 HR: Hours: Min.:
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Housekeeping
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Adam Meyer
13b. MOTHER'S MAIDEN NAME: Catherine Hammel
14. NAME OF HUSBAND OR WIFE: Henry Redel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Francis Redel Address: Vienna Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchopneumonia Bilateral — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Decompensated Arteriosclerotic Heart Disease
PART III. If deceased was female was there a pregnancy in last 90 days. Yes [ ] No [X] Unknown [ ]

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 Jan 6-1961 to Jan 6-1961 and last saw her alive on Jan 6-1961
Death occurred at 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J W Overman (Degree or title) MD
22b. ADDRESS: Jeff City Mo
22c. DATE SIGNED: 1-6-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/9/61
23c. NAME OF CEMETERY OR CREMATORY: Resitation
23d. LOCATION (City, town, or county) (State): Vienna Mo

24. FUNERAL DIRECTOR, ADDRESS: Birmingham Vienna
25. DATE RECD. BY LOCAL REG.: 7 January 1961
26. REGISTRAR'S SIGNATURE: R P Harris, MD - M Richter Dep

(Licensed Embalmer's Statement on Reverse Side)

MAR 23 1961

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 W. O. Birmingham

Licensed Embalmer No. 3664

P. O. Address Vienna 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.