

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034509

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 123 Primary Registration District No. 3022 Registrar's No. 125

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 2 1962

VS 300
Rev. 4/59

DATE AMENDED

0411
20410
3
4 1
5 1
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7 0
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94201
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12 1-0
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany</u>		Length of stay in lb <u>46 hours</u>	c. CITY OR TOWN <u>Rural Ridgeway</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Small Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1 1/2 m. East Ridgeway Mo</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Nettie Parlee Redinger</u>			4. DATE OF DEATH Month Day Year <u>9-21-62</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 4 - 1897</u> 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Helper own home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Have work</u>	11. BIRTHPLACE (City and state or country) <u>Harrison Mo</u>
13a. FATHER'S NAME <u>William Sherman</u>		13b. MOTHER'S MAIDEN NAME <u>Eva Pittman</u>	14. NAME OF HUSBAND OR WIFE <u>Leo Redinger</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT <u>Rex Redinger Ridgeway Mo</u> 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>Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
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) <u>Hypertension</u>			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 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 <u>2-21-62</u> to <u>9-21-62</u> and last saw her alive on <u>9-21-62</u> Death occurred at <u>7:00</u> A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Merriam Parshel M.D. Bethany Mo</u>		22b. ADDRESS	22c. DATE SIGNED (State) <u>9/21/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>9-23-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Yankie Ridge Cemetery</u>	23d. LOCATION (City, town, or county) <u>2 1/2 miles E. Ridgeway Mo</u>
24. FUNERAL DIRECTOR <u>Boggers Turned Home Ridgeway</u>		25. DATE RECD. BY LOCAL REG. <u>9-24-1962</u>	26. REGISTRAR'S SIGNATURE <u>Ozella Macey</u>

USE BLACK INK OR TYPEWRITER RIBBON

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 Robert R. Baggers

Licensed Embalmer No. 3576

P. O. Address Ridgeway 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.