

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040642

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

FILED OCT 29 1962 318 Primary Registration District No. 1003 Registrar's No. 9936

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

FILED OCT 29 1962

1. PLACE OF DEATH **Place Employees Hospital St. Louis 8, Missouri**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo** b. COUNTY **Green E**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis, Missouri** Length of stay in lb **96 Days**

c. CITY OR TOWN **Springfield, Missouri** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **811 King's** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **John** Middle **Redyard** Last **Redyard**

4. DATE OF DEATH Month **10-17-62** Day Year

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **11-4-1895** 9. AGE (last birthday) **66**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **General Supt. Diesel Maint.** 10b. KIND OF BUSINESS OR INDUSTRY **Railroad**

11. BIRTHPLACE (City and state or country) **Odin, Illinois** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **John Redyard** 13b. MOTHER'S MAIDEN NAME **Anna Curete** 14. NAME OF HUSBAND OR WIFE **Mayme Redyard**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. 17. INFORMANT **Mayme Redyard** Address **Springfield, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Generalized carcinomatous**
DUE TO (b) **CA pancreas**
DUE TO (c) **157x**
INTERVAL BETWEEN ONSET AND DEATH **6 months**
6 months

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 **July 62** to **Oct 62** and last saw him alive on **10/17/62**
Death occurred at **10:30 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Harry Wilby MD** 22b. ADDRESS **Prisco Hospital** 22c. DATE SIGNED **10/17/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **10-17-62** 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) **Springfield, Mo.**

24. FUNERAL DIRECTOR **Klingner Funeral Home, Springfield, Mo.** ADDRESS 25. DATE RECD. BY LOCAL REG. **OCT 17 1962** 26. REGISTRAR'S SIGNATURE **Paul Smith, M.D.**

USE BLACK INK OR TYPEWRITER RIBBON

NOV 15 1962

JAN 3 1963

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 J. W. D. Embalmer

Licensed Embalmer No. 2653

P. O. Address St Louis 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.

(Handwritten mark)