U.S. No. 300
Rev. 10-48

FILED MAY 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13500

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 156

0804
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
May 19, 1951

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (in this place): 5da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bothwell Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia 0804
d. STREET ADDRESS (If rural, give location): 219 So Moniteau

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Lee C. Redmond, Sr.

4. DATE OF DEATH (Month) (Day) (Year): Apr 30, 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 25 ~~Apr 28, 1866~~
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months 0, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telegrapher
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Woodburn, Ill
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Thos. Jefferson Redmond
13b. MOTHER'S MAIDEN NAME: Martha
14. NAME OF ~~HUSBAND~~ OR WIFE: Alice Corbett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Lee Redmond, Jr. - Sedalia

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia-virus. Myocarditis. — INTERVAL BETWEEN ONSET AND DEATH: 6 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility. Hypertension. Gradual onset. Progessive.
DUE TO (c) Arterio-sclerosis Gradual onset, Progressive.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. XXX

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: No operation. 443X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Neither.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): No injury.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): XXXX
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): No injyury. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: No injury.

22. *I hereby certify that I attended the deceased from* April, 24, 1951, *to* April, 30, 1951 P/M, *that I last saw the deceased alive on* April, 30, 1951, *and that death occurred at* 4.25 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. D. Frader, MD.
23b. ADDRESS: 112 West 4t. Street, Sedalia, Mo.
23c. DATE SIGNED: May, 4th, 51.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-2-51
24c. NAME OF CEMETERY OR ~~CREMATORY~~: Calvary
24d. LOCATION (City, town, or county) (State): Sedalia Mo

DATE REC'D BY LOCAL REG.: 5-2-51
REGISTRAR'S SIGNATURE: A. J. Campbell, MD. Goldie Hall deputy
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: M. Laughlin Bros - 519 So Ohio

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 5-10-51
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 5-10-51

MAY 19 1951

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 .....
Student Embalmer

Signed R. P. McCrary
Licensed Embalmer No. 3158
P. O. Address Sedalia 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 this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Pettis

State File No. 13500
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 16th day of May, 1951, before me appears Lee C. Redmond Jr., who, upon his oath, states that the original record of ~~birth~~ death for Lee C. Redmond Sr. died April 30, 1951, in the State of Missouri, and which was filed at Jefferson City, ~~Mo.~~ born on May 11, 1951, should be corrected as follows:

Item No. 8 should read April 25 1866

Instead of April 21 1866

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Lee C Redmond Jr. Son
Relationship.

422 Wilkerson, Sedalia, Mo
Present Address.

Subscribed and sworn to before me this 16th day of May, 1951.

My Commission expires January 17th, 1955. John W. Baker, Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

m V. S. 135
OM—8-43
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