

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24638

State File No. ....

~~FILED~~ AUG 4 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. No. 1002 Registrar's No. 3289

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Wyandotte</u> b. COUNTY <u>Wyandotte</u>	
b. CITY OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City, Kas.</u>	
c. LENGTH OF STAY (In this place) <u>20 days</u>		d. STREET ADDRESS (If rural, give location) <u>1017 1/2 Walker</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1905 East 16th</u>			

3. NAME OF DECEASED (Type or Print) <u>CHARLES J. REDRICKS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 18 1952</u>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Dec. 26, 1895</u>		9. AGE (In years, last birthday) <u>57</u> MONTHS <u>5</u> DAYS <u>5</u> HOURS <u>5</u> MIN.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lab. Tech</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wood Work</u>		11. BIRTHPLACE (State or foreign country) <u>Seguin, Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>Arnon Redricks</u>		13b. MOTHER'S MARDEN NAME <u>Mathie</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY NO. <u>486-07-3647</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Miller</u>		ADDRESS <u>1017 1/2 Walker, K.C.</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac dilatation</u> ANTECEDENT CAUSES <u>Chronic Valvular Disease</u> DUE TO (b) _____ DUE TO (c) <u>Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Pulmonary Emphysema</u>				INTERVAL BETWEEN ONSET AND DEATH <u>42-14</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas A. Jones, M.D.</u>		23b. ADDRESS <u>1617 E. 17th</u>		23c. DATE SIGNED <u>7/19/52</u>	
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24a. BURIAL CREMATION (REMOVAL) (Specify)		24b. DATE <u>7-22-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Napel Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kas.</u>	
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DATE REC'D BY LOCAL REG. <u>7-21-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmead</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brigham Jones</u>		ADDRESS <u>2300 E. 10th</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*L. Allen Jones*

Licensed Embalmer No. 4429

P. O. Address 2300 East 11<sup>th</sup>

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.