

6-300
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FILED JUN 29 1954

STANDARD CERTIFICATE OF DEATH

State File No. **18725**

BIRTH NO. _____ REG. DIST. NO. **139** PRIMARY REG. DIST. NO. **4221** Registrar's No. **33**

1. PLACE OF DEATH
 a. COUNTY **Holt**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Mound City**
 c. LENGTH OF STAY (in this place) **8 years**
 d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Missouri** b. COUNTY **Holt**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Mound City**
 d. STREET ADDRESS (If rural, give location) **0442**

3. NAME OF DECEASED
 a. (First) **John** b. (Middle) **F.** c. (Last) **Redmon**
 4. DATE OF DEATH (Month) (Day) (Year) **June 23, 1954**

5. SEX **male** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDWED, DIVORCED (Specify)** **Married** **8. DATE OF BIRTH** **Oct. 11, 1901** **9. AGE (In years last birthday)** **52** **IF UNDER 1 YEAR** Months _____ **IF UNDER 24 HRS.** Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired farmer** **10b. KIND OF BUSINESS OR INDUSTRY** **on farm** **11. BIRTHPLACE** (State or foreign country) **Near Craig, Mo.** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

13a. FATHER'S NAME **John C. Redmon** **13b. MOTHER'S MAIDEN NAME** **Ida Perkins** **14. NAME OF HUSBAND OR WIFE** **Hazel Redmon**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or date of service) _____ **16. SOCIAL SECURITY NO.** **Unknown** **17. INFORMANT'S SIGNATURE OR NAME** **Hazel Redmon** **ADDRESS** **Mound City, Mo.**

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, ashenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Occlusion**
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

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)** **4201**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED WHILE AT WORK** **NOT WHILE AT WORK** **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from **6-22, 1954**, to **6-23, 1954**, that I last saw the deceased alive on **6-22, 1954**, and that death occurred at **11A** m., from the causes and on the date stated above.

23a. SIGNATURE **D. Perry, M.D.** (Degree or title) **23b. ADDRESS** **Mound City, Mo.** **23c. DATE SIGNED** **6-25-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **6/26/54** **24c. NAME OF CEMETERY OR CREMATORY** **I.O.O.F.** **24d. LOCATION** (City, town, or county) (State) **Craig, Mo.**

DATE REC'D BY LOCAL REG. **6-25-54** **REGISTRAR'S SIGNATURE** **James Crawford** **464-9** **25. FUNERAL DIRECTOR'S SIGNATURE** **Wilber L. Schoder** **ADDRESS** **Craig, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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.....

myself

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Wilber L. Schoeder*

Licensed Embalmer No. *3997*

P. O. Address *Craig, 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.