

FILED FEB 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3998**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **203**

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|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gentry | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph | c. LENGTH OF STAY (in this place) 1 day | c. CITY OR TOWN Stanberry | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital | | e. STREET ADDRESS (If rural, give location) 0380 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Nora b. (Middle) Irene c. (Last) Redmond | | | 4. DATE OF DEATH (Month) (Day) (Year) February 15, 1955 | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH July 16, 1870 | 9. AGE (in years last birthday) Months Days Hours Mins. 84 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY own home | 11. BIRTHPLACE (City and State or Foreign Country) Gentry County, Missouri | |
| 13a. FATHER'S NAME Milton Coffee | | 13b. MOTHER'S MAIDEN NAME Cynthia Nichols | | 14. NAME OF HUSBAND OR WIFE Albert |

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|---|--|---|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Mr. Ollie Redmond, Stanberry, Mo. | | ADDRESS |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction | | 10 Days |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Colon DUE TO (c) | | 90 Days |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 153X | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from **2/15**, 1955, to **2/15**, 1955, that I last saw the deceased alive on **2/15**, 1955, and that death occurred at **11:10 p.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE John T. [Signature] | (Degree or title) | 23b. ADDRESS 420 N. 8th W. Joseph, Mo. | 23c. DATE SIGNED 2/18/55 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal | 24b. DATE 2/16/1955 | 24c. NAME OF CEMETERY OR CREMATORY 485 | 24d. LOCATION (City, town, or county) (State) Stanberry, Mo. |
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|---|---|--|-----------------------------------|
| DATE REC'D BY LOCAL REG. Feb 24, 1955 | REGISTRAR'S SIGNATURE Kathleen M. Allison | 25. FUNERAL DIRECTOR'S SIGNATURE Heaton Bowman | ADDRESS St. Joseph, Mo. |
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(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *D. Eugene Wood*

Licensed Embalmer No. *380*

P. O. Address *314 So 10th St*

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.