No. 300
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FILED JUN 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15865

BIRTH NO. _____ REG. DIST. NO. 165 PRIMARY REG. DIST. NO. 5602 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Chilhowee
c. LENGTH OF STAY (in this place) 35 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rural Route #2

2. USUAL RESIDENCE (Where deceased lived. If institutions residence before admission)
a. STATE Missouri b. COUNTY Johnson
c. CITY OR TOWN Chilhowee
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) Route #2 0510

3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) BELLE c. (Last) REDMOND
4. DATE OF DEATH (Month) (Day) (Year) MAY 28 1955
5. SEX 1 FEMALE
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Feb 24 1871
9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months 3 Days 4 IF UNDER 24 HRS. Hours Min.
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) Urbana Ohio 1
12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME Unknown Shriner
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Chas E Redmond
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ✓✓✓
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Chas Redmond ADDRESS Chilhowee 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4221

INTERVAL BETWEEN ONSET AND 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* Oct 9, 1954, *to* May 28, 1955, *that I last saw the deceased alive on* May 18, 1955, *and that death occurred at* 630 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Kelly Rawlins (Degree or title) M.D
23b. ADDRESS Holden Mo.
23c. DATE SIGNED 5-29-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 31 55
24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery
24d. LOCATION (City, town, or county) (State) Oldalia Mo
DATE REC'D BY LOCAL REG. 6-1-55
REGISTRAR'S SIGNATURE J. Wood 5160
25. FUNERAL DIRECTOR'S SIGNATURE Canaday & Rapp ADDRESS Holden Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
JUN 3 195
JOHNSON COUNTY HEAL

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed M L Canaday

Licensed Embalmer No. 3

P. O. Address Holden

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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..