

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28074**

FILED SEP 1 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6717**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		a. STATE <b>Colorado</b> b. COUNTY	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Denver</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS		f. STREET ADDRESS <b>402 Franklin</b>	

**8058**

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>James</b>	b. (Middle) <b>Newton</b>	c. (Last) <b>Redman</b>	<b>August 2, 1955</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 24, 1890</b>	9. AGE (In years last birthday) <b>65</b>	10. IF UNDER 1 YEAR Months <b>3</b> Days <b>9</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>mining engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Marshall, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>WILLIAM REHMAN</b>		13b. MOTHER'S MAIDEN NAME <b>Frances Newman</b>		14. NAME OF HUSBAND OR WIFE <b>Dorothy Redman</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Jack Smith</b> ADDRESS <b>509 W. 19th Antioch, Calif.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Parasagittal Meningioma- benign</b>		DUPLICATE OF (b) _____		<b>2 1/2 yrs.</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) _____			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)					

19a. DATE OF OPERATION <b>7-22-55</b>		19b. MAJOR FINDINGS OF OPERATION <b>Parasagittal Meningioma- benign</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 **July 5, 1955**, to **Aug. 2, 1955**, that I last saw the deceased alive on **Aug. 2, 1955**, and that death occurred at **1:45pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Wardell Joseph</b> (Degree or title) <b>M. D.</b>		23b. ADDRESS <b>BARNES HOSPITAL</b>		23c. DATE SIGNED <b>8/2/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <b>Fairmount Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Denver, Colo.</b>					

DATE REC'D BY LOCAL REG. <b>AUG 3 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. R. Lupton and Sons</b> ADDRESS <b>7233 Delmar Blvd., Mo.</b>	
--	--	--	--	---	--

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 X *Clarence H. Mu...*

Licensed Embalmer No. *4011*  
P. O. Address *St. Louis*

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.