

FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35645**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **226** PRIMARY REG. DIST. NO. **6105** Registrar's No. **44**

1. PLACE OF DEATH a. COUNTY <b>SCOTLAND</b>		2. USUAL RESIDENSE (Where deceased lived. If institution: residence before admission). a. STATE <b>SAME</b> b. COUNTY	
b. CITY OR TOWN <b>RURAL</b>	c. LENGTH OF STAY (in this place) <b>67 YRS</b>	c. CITY OR TOWN <b>RURAL</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MT PLEASANT TWS</b>		e. STREET ADDRESS (If rural, give location) <b>099 0</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>DAISY</b>	b. (Middle) <b>EDNA</b>	c. (Last) <b>REDDING</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 7 1955</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>DEC 23, 1890</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 24 HRS: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE KEEPING</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>SCOTLAND Co. Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>JOSEPH O. CARTER</b>	13b. MOTHER'S MAIDEN NAME <b>MELISSA PALMER</b>	14. NAME OF HUSBAND OR WIFE <b>ROY REDDING</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, 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>Roy Redding</b>	ADDRESS <b>MEMPHIS Mo</b>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 1/2 years</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>		
	DUE TO (c) <b>331x</b>		
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 <input type="checkbox"/> NO <input checked="" 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)	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 **Oct 7, 1955**, to **Oct 7, 1955**, that I last saw the deceased alive on **Oct 7, 1955**, and that death occurred at **2 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>L. E. Lowe Do 2</b>	23b. ADDRESS <b>Memphis Mo</b>	23c. DATE SIGNED <b>10/12/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>10-9-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MEMPHIS</b>	24d. LOCATION (City, town, or county) (State) <b>MEMPHIS Mo</b>
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DATE REC'D BY LOCAL REG. <b>10-12-55</b>	REGISTRAR'S SIGNATURE <b>Vera E. Turner</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Wayne</b>	ADDRESS <b>MEMPHIS Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

CCF 8/17 1960

MS JAN 6 1960

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 *Neal Payne*.....

Licensed Embalmer No. *755*

P. O. Address *Memphis*

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.