

FILED APR 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9652

BIRTH NO. _____		REG. DIST. NO. 175		PRIMARY REG. DIST. NO. 3656		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>AURORA</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>AURORA</u>		d. STREET ADDRESS (If rural, give location) <u>32 W. ST. LOUIS ST.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>32 W. ST. LOUIS ST.</u>				d. STREET ADDRESS (If rural, give location) <u>32 W. ST. LOUIS ST.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>FREDERICK</u>		b. (Middle) <u>SCHOEGIELD</u>		c. (Last) <u>REDNER, SR.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 28 1956</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Feb 14 1891</u>			
9. AGE (In years last birthday) <u>65</u>		10. UNDER 1 YEAR Months <u>7</u> Days <u>14</u>		10. UNDER 24 HRS. Hours <u>14</u> Min.		11. BIRTHPLACE (State or foreign country) <u>Quincy, ILL</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAIL ROAD</u>		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>George Redner</u>		13b. MOTHER'S MAIDEN NAME <u>ANNIE Schoegield</u>		14. NAME OF HUSBAND OR WIFE <u>Amy Redner</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>702-16-5630</u>		17. INFORMANT'S SIGNATURE OR NAME <u>AMY REDNER</u>		ADDRESS <u>32 W. ST. LOUIS</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>lea. of colon</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>stat</u> <u>6 Mo -</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153x</u>				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) (m.)		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 <u>3-28</u> , 19 <u>56</u> , to <u>3-28</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-28</u> , 19 <u>56</u> , and that death occurred at <u>6:10 a</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>R. Rowan M.D.</u>				23b. ADDRESS <u>Aurora Mo</u>		23c. DATE SIGNED <u>4/2/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-31-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE PARK</u>		24d. LOCATION (City, town, or county) (State) <u>AURORA, MO</u>			
DATE REC'D BY LOCAL REG. <u>4-5-56</u>		REGISTRAR'S SIGNATURE <u>Ora Mcnatt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Osborn Marsh</u>		ADDRESS <u>Aurora MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 19 1956

APR 10 1956

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 \_\_\_\_\_

*[Handwritten signature]*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*[Handwritten signature]*

Licensed Embalmer No. \_\_\_\_\_

*3817*

P. O. Address \_\_\_\_\_

*Quincy, MD*

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.