

Doctor, coroner, etc. must use only standard nomenclature in their reports. No symptoms with no apparent diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED FEB 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5536

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u> <u>06450</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>		d. STREET ADDRESS <u>F D # 1</u>	
Length of stay in lb <u>1/26/57</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>JOHN K. REDMAN</u>			4. DATE OF DEATH <u>January 31, 1957</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	
8. DATE OF BIRTH <u>September 14, 1891</u>		9. AGE (In years last birthday) <u>65</u>		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>4</u> Days <u>17</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Kettasville Missouri</u>	
13. FATHER'S NAME <u>John Richard Redman</u>		14. MOTHER'S MAIDEN NAME <u>Harriett Catherine Gentry</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</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> <u>None</u>		16. SOCIAL SECURITY NO. <u>496 40 7891</u>		17. INFORMANT <u>Mrs. John K. Redman</u> Address <u>Hannibal Missouri</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebro Vasculer Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerotic Heart Disease</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4200</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>2</u>		
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a. m. <u></u> p. m. <u></u>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		20g. COUNTY STATE	

21. I attended the deceased from <u>Jan. 29, 1957</u> to <u>Jan. 31, 1957</u> and last saw her/him alive on <u>Jan. 31, 1957</u>		
Death occurred at <u>5:45 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>Wm Carulla md</u>		22b. ADDRESS <u>Hannibal, Mo.</u>
		22c. DATE SIGNED <u>2-5-57</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2/2/1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Big Creek Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Ralls County Missouri</u>	
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24. FUNERAL DIRECTOR (Name) <u>H. Crawford</u>		ADDRESS <u>Hannibal Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>2-8-57</u>		26. REGISTRAR'S SIGNATURE <u>St. C. M. Lucke, Reg. W. C. Fisher</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED FEB 14 1957
MARION CO. HEALTH DEPT.
DATE FILED FEB 14 1957

NOV 8 1957

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.....
John S. Starn

Licensed Embalmer No. 456

P. O. Address Hannibal, Miss.

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