

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017400

STATE FILE NUMBER

1000 Registrar's No. 579

FILED JUN 9 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 579

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph | | c. CITY OR TOWN Kansas City 3018 0 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital#2 | | d. STREET ADDRESS 1600 E. 25th (If outside, give location) | |
| 3. NAME OF DECEASED (Type or print) First Gloria Middle Redmond Last Redmond | | 4. DATE OF DEATH Month May Day 12 Year 1958 | |
| 5. SEX female 3 | 6. COLOR OR RACE Negro | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Nov. 21, 1931 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work | | 10b. KIND OF BUSINESS OR INDUSTRY at Home | 11. BIRTHPLACE (City and state or country) Topeka, Kansas |
| 13a. FATHER'S NAME Edgar Simmons | | 13b. MOTHER'S MAIDEN NAME Ida Moore | 14. NAME OF HUSBAND OR WIFE Isaac E. Redmond |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Records, State Hospital#2, St. Joseph Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adhesive Pericarbitis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Unknown causes DUE TO (c) 416X | | | INTERVAL BETWEEN ONSET AND DEATH 15 months |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 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.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20e. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____ | | 20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____ | |
| 21. I attended the deceased from April 1, 1958 to May 12, 1958 and last saw her ^{her} _{him} alive on May 12, 1958 Death occurred at 1:25 P m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>Mohammed Taha M.D.</i> (Degree or title) | | 22b. ADDRESS State Hospital#2 | 22c. DATE SIGNED 6/5/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 5/13/1958 | 23c. NAME OF CEMETERY OR CREMATORY Westlawn | 23d. LOCATION (City, town, or county) (State) Kansas City, Kansas |
| 24. FUNERAL DIRECTOR Mrs. J. W. Jones ADDRESS 440 state ave. Kans. | | 25. DATE RECD. BY LOCAL REG. June 6, 1958 | 26. REGISTRAR'S SIGNATURE <i>Wm. Clark Goodell</i> |

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUN 16 1958

ST. LOUIS

MISSOURI

NO. 1

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 *Angene English*

Licensed Embalmer No. *4125*

P. O. Address *440 State*

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.