

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

58-025043
State File No.

FILED JUL 23 1958

BIRTH NO. _____		REG. DIST. NO. <u>90</u>	PRIMARY REG. DIST. NO. <u>1373</u>	Registrar's No. <u>48</u>
1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY DeKalb		
b. CITY (If outside corporate limits, write RURAL and give township) Maysville (Rural)		c. CITY (If outside corporate limits, write RURAL and give township) Maysville <u>0320</u>		
c. LENGTH OF STAY (In this place) 2 Mos.		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		4. DATE OF DEATH (Month) (Day) (Year) June 29 1958		
3. NAME OF DECEASED (Type or Print) a. (First) DAVID		b. (Middle) THOMPSON		c. (Last) REDMAN
5. SEX Male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <u>2</u>	8. DATE OF BIRTH Jan. 1 1871	9. AGE (In years last birthday) 87 OF UNDER 1 YEAR Months Days OF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) DeKalb County Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Miles Redman		
13b. MOTHER'S MAIDEN NAME Mahala Parker		14. NAME OF HUSBAND OR WIFE Etta May Redman		
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Earl Redman, Gallatin Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 hr.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		ANTECEDENT CAUSES		
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Cerebral arteriosclerosis.		
		DUE TO (c) Arteriosclerosis gen.		
II. OTHER SIGNIFICANT CONDITIONS		Becium Hypertigly Operato		
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"/>
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) 332X
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 <u>Jan 1</u> , 19 <u>58</u> , to <u>30 June</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>27 June</u> , 19 <u>58</u> and that death occurred at <u>10 A.</u> , m., from the causes and on the date stated above.				
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS <u>200 Maysville, Mo</u>		23c. DATE SIGNED <u>7-3-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <u>7/2-58</u>		24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant
24d. LOCATION (City, town, or county) (State) Maysville Mo (Rural)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Pilcher Funeral Home Maysville Mo		
DATE REC'D BY LOCAL REG. <u>7/2-58</u>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		

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

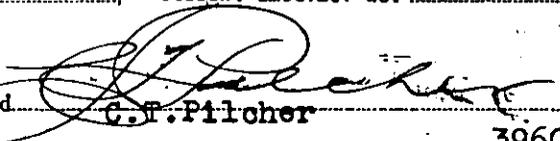
STATEMENT BY LICENSED EMBALMER

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
Student Embalmer

Signed 
C. F. Pilcher

Licensed Embalmer No. 3960

P. O. Address Maysville Mo.

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.