

Health,  
& Welfare  
S. Public  
Health Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037400  
STATE FILE NUMBER

FILED NOV 12 1958 Registration District No. 282 Primary Registration District No. 5980 Registrar's No. 125

S. 300  
v. 1-57

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

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural-Wichart</u>		c. CITY OR TOWN <u>Rural-Wichart</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dead on the Home</u>		d. STREET ADDRESS (If outside, give location) <u>0840</u>	
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Maude</u> Last <u>Redman</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>3</u> Year <u>1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>aug. 1 1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaking</u>	9. AGE (In years last birthday) <u>74</u>
13a. FATHER'S NAME <u>Augustus Strader</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Ryan</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</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>No</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
14. NAME OF HUSBAND OR WIFE		17. INFORMANT Address <u>Mrs. Jose Slade RTH - Polk.</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>Probable Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE	
21. I <u>viewed</u> the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <u>11:45 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Sidney J. Pitts - Coroner</u>		22b. ADDRESS <u>Polk, Mo</u>	
22c. DATE SIGNED <u>Nov. 4-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Nov. 6-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mitchell Camp ground</u>	23d. LOCATION (City, town, or county) (State) <u>Polk Co. Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Pitts Funeral Home - Polk, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 8, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Ralph Gorden Jewell Gorden</u>

(Licensed Embalmer's Statement on Reverse Side)

NOV 1 1988

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 *Sidney J. Pitts* .....

Licensed Embalmer No. *4939* .....

P. O. Address *Bolivar, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.