

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002643  
STATE FILE NUMBER

FILED FEB 3 1959 Registration District No. 316 Primary Registration District No. 6074 Registrar's No. 24

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	St. Francois	a. STATE	Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only)	Inside Limits Cantwell	b. COUNTY	St. Francois
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Length of stay in lb 20 years	c. CITY OR TOWN	Cantwell 0490
		d. STREET ADDRESS	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
Annie	Iola	Reddick	Jan.	24	1959
5. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> (NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days Hours Min.
Female	White		May 4th. 1882	74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?		
Housewife	-----	Perry County, Missouri	USA		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
John W. McDowell			Elizabeth Layton		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address		
No		488 18 4017	Cecil Reddick, Cantwell, Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>coronary thrombosis</i>		<i>10 minutes</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>arteriosclerotic heart disease</i>	<i>unknown</i>
	DUE TO (c)	
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"/>
		<i>4200</i>

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 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	COUNTY	STATE

21. I attended the deceased from <i>1945</i> to <i>Jan 24, 1959</i> and last saw her <i>alive</i> on <i>Jan 12, 1959</i>	
Death occurred at <i>9:00Pm</i> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>J. L. Foster</i> (Degree or title) <i>MS</i>	22b. ADDRESS <i>Desloge Mo</i>
22c. DATE SIGNED <i>1-26-59</i>	

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	1/27/1959	Catholic Cemetery	St. Francois, Mo

24. FUNERAL DIRECTOR Boyer & Son	ADDRESS Desloge, Mo	25. DATE RECD. BY LOCAL REG. <i>Jan 26, 1959</i>	26. REGISTRAR'S SIGNATURE <i>Ether Rudloff</i>
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(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I, must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

000-56

MS APR 8 1960

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *B. T. Boyer*

Licensed Embalmer No. 366

P. O. Address Desloge, Mo.

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.