

Health,
Welfare
Public
Service

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FILED VS SEP 14 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-029279

STATE FILE NUMBER 4113

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Kansas b. COUNTY Wyandotte)			
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION DOA Trinity Lutheran Hospt.		Length of stay in lb DOA		d. STREET ADDRESS 3511 Metropolitan		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Adolf Middle Last Redman				4. DATE OF DEATH Month Aug. Day 22 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 2, 1885		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during 1 year preceding date of death) Ret. Builder & Contractor		10b. KIND OF BUSINESS INDUSTRY L. Baird & Co.		11. BIRTHPLACE (City and state or country) Hillsboro, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Julius Redman			13b. MOTHER'S MAIDEN NAME No Data			14. NAME OF HUSBAND OR WIFE Mrs. Bertha 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. None		17. INFORMANT Mrs. Bertha Redman (Wife) Address 3511 Met. Kansas C. Ks.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute myocardial ischemia						INTERVAL BETWEEN ONSET AND DEATH 15 min	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary arteriosclerotic disease						1 year +	
DUE TO (c) Old myocardial infarct						4 months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Nephrolithiasis						19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year 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 4-21-59 to 8-22-59 and last saw ^{him} alive on 8-19-59 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Herbert Shuey (Degree or title) M.D.				22b. ADDRESS 3903 Brooklyn K.C., Mo.		22c. DATE SIGNED 8-24-59	
23a. BURIAL, CREMATION, REINTERMENT Removal		23b. DATE Aug. 25, 1959	23c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Kansas		
24. FUNERAL DIRECTOR ADDRESS Simmons Funeral Home KCK				25. DATE RECD. BY LOCAL REG. 8-24-59		26. REGISTRAR'S SIGNATURE Ilova Marshall	

Herbert Shuey USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *May E. Meyer*

Licensed Embalmer No. *4555*
P. O. Address *K. E. Ks.*

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.