

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

68-044709

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 207 Primary Registration District No. 4318 Registrar's No. 39

STATE FILE NUMBER

FILED NOV 18 1963

VS 300	DATE AMENDED
Rev. 4/59	
1 0630	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Maries		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Maries	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Vienna, Mo.		c. CITY OR TOWN Vienna, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION His Home		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) George J. Redel		4. DATE OF DEATH Month Nov. Day 11, Year 1963.	
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 12/17/1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Livestock Dealer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 70
13a. FATHER'S NAME Peter Redel		13b. MOTHER'S MAIDEN NAME Ellen Haggerty	14. NAME OF HUSBAND OR WIFE Agnes Redel
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 Virginia Redel Address Vienna, 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) Presumed to be "Natural Causes"			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Deceased found dead close to home Coroner of Maries County investigated			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. No foul play			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input 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 _____ 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 _____, to _____ and last saw her alive on _____. Death occurred at 7:15 P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Margie Lutschman, Local Registrar		22b. ADDRESS Vienna, Mo.	22c. DATE SIGNED 11-14-1963
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-15-63	23c. NAME OF CEMETERY OR CREMATORY Visitation Cemetery	23d. LOCATION (City, town, or county) (State) Vienna, Mo.
24. FUNERAL DIRECTOR W. C. Birmingham, Vienna, Mo.	25. DATE RECD. BY LOCAL REG. Nov. 14, 63	26. REGISTRAR'S SIGNATURE Margie Lutschman	

NOV 26 1963

Permit obtained 11-14-63

(M.H.)

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 W. C. Birmingham

Licensed Embalmer No. 3664

P. O. Address Crema 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.