

FILED JAN 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **963**
Registrar's No. **30**

0420
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BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **5504**

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Henry	
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Big Creek		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Big Creek Rural, R. 30	
c. LENGTH OF STAY (in this place) 55 years		d. STREET ADDRESS (If rural, give location) Big Creek Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION AT. H. # 3.			

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) Z. c. (Last) REDFORD			4. DATE OF DEATH (Month) (Day) (Year) JAN. 23, 1950		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH NOV. 3, 1895		9. AGE (In years last birthday) 90		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Wich, Mo.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME BRYON REDFORD		13b. MOTHER'S MAIDEN NAME MULLISA ANDERSON		14. NAME OF HUSBAND OR WIFE POLLY JANE REDFORD - DECEASED	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Archie Redford, Wich, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia				INTERVAL BETWEEN ONSET AND DEATH 3 days	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) sensitivity and DUE TO (c) canoe & storm					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				151X	

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) _____			
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 **1/22, 1950**, to **1/23, 1950**, that I last saw the deceased alive on **1/22, 1950**, and that death occurred at **12:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE R. J. Powell, D.O. (Degree or title)		23b. ADDRESS Clinton Mo		23c. DATE SIGNED 1/24/50	
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE Jan 25-50		24c. NAME OF CEMETERY OR CREMATORY Morris Cemetery		24d. LOCATION (City, town, or county) (State) Wich, Mo. R# 3. Mo	
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DATE REC'D BY LOCAL REG. Jan. 25 1950		REGISTRAR'S SIGNATURE Florence Adair		425. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. J. Vansant, Clinton, Mo.	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

FEB 3 1950

RECEIVED

District Health Officer No. 71

District File Number 12-K-9-2007

Date Filed 1-30-50

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 W. J. Vansant

Licensed Embalmer No. 3979

P. O. Address Chillicothe

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.