

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35820

FILED NOV 10 1952

| | | | | | | | | |
|--|--|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>955</u> | | PRIMARY REG. DIST. NO. <u>5272</u> | | Registrar's No. _____ | | |
| 1. PLACE OF DEATH a. COUNTY <u>Oregon</u> | | | 2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) STATE <u>Missouri</u> COUNTY <u>Oregon</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sevier</u> | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sevier</u> | | 0759 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West. Va. H. Hosp.</u> | | | d. STREET ADDRESS (If rural, give location) | | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>William</u> | | | a. (First) <u>W.</u> | | b. (Middle) <u>F.</u> | | c. (Last) <u>Redburn</u> | |
| 4. DATE OF DEATH | | (Month) <u>10</u> | | (Day) <u>9</u> | | (Year) <u>52</u> | | |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W.</u> | | 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) | | 8. DATE OF BIRTH <u>2-3-1886</u> | | |
| 9. AGE (In years last birthday) <u>66</u> | | If UNDER 1 YEAR Months <u>8</u> Days <u>6</u> | | If UNDER 24 HRS. Hours <u></u> Min. <u></u> | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Oregon Co. Missouri U.S.A.</u> | | 12. CITIZEN OF WHAT COUNTRY | |
| 13a. FATHER'S NAME <u>Charles Redburn</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary Ann</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Aylora Childers Redburn</u> | | |
| 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'S SIGNATURE OR NAME <u>Aylora Childers Redburn Sevier Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> | | | DUPLICATE OF (b) <u>myocardial degeneration</u> | | | | <u>4 days</u> | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | DUPLICATE OF (c) | | | | <u>3 yrs</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | | |
| 19a. DATE OF OPERATION | | | 19b. MAJOR FINDINGS OF OPERATION <u>4222</u> | | | | 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) (Min.) | | 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 <u>Jan</u> , 19 <u>19</u> , to <u>10-9-</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10-9-</u> , 19 <u>52</u> , and that death occurred at <u>10:50 P.M.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>John P. Eason M.D.</u> | | | 23b. ADDRESS | | | 23c. DATE SIGNED | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>10-12-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Sevier Cemetery Sevier Missouri</u> | | 24d. LOCATION (City, town, or county) (State) | | |
| DATE REC'D BY LOCAL REG. <u>11-11-52</u> | | REGISTRAR'S SIGNATURE <u>Mr. W. C. Johnson</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson West Plains, Mo.</u> | | ADDRESS | | |

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 R. J. Arago.....

Licensed Embalmer No. 4547.....

P. O. Address.....

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.