

79597  
FILED DEC 14 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39546**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 152

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>TOWN Warrensburg</b>	c. LENGTH OF STAY (in this place) <b>6 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>TOWN Warrensburg</b>	<b>0512</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Warrensburg Medical Center</b>			
d. STREET ADDRESS (If rural, give location) <b>Warrensburg Medical Center</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Theresa</b>		b. (Middle) <b>Lynn</b>		c. (Last) <b>Redburn</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 13, 1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>Nov. 7, 1953</b>		9. AGE (In years last birthday) <b>6</b>	IF UNDER 1 YEAR Months <b>6</b>	IF UNDER 24 HRS. Days <b>6</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Warrensburg, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	

13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Redburn</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. H. D. Berryman, Knobnoster, Mo</b>		ADDRESS	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Circulatory Failure Acute</b>		ANTECEDENT CAUSES			<b>10 min</b>		
DUE TO (b) <b>Etiertis, necrotizing, acute</b>		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			<b>2 day</b>		
DUE TO (c) <b>Pneumonitis, acute</b>		II. OTHER SIGNIFICANT CONDITIONS			<b>1 day</b>		
		<b>(d) Septicemia</b>			<b>1 day</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>7/6/40</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?	

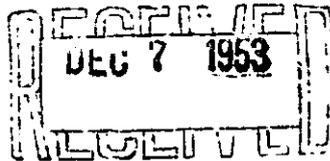
22. I hereby certify that I attended the deceased from Nov 7, 1953, to Nov 13, 1953, that I last saw the deceased alive on Nov 13, 1953, and that death occurred at 4:20 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>David R. Holmes M.D.</b>		23b. ADDRESS <b>122 Market, Warrensburg, Mo</b>		23c. DATE SIGNED <b>12-5-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov 14, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Warrensburg, Missouri</b>		

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>Dec 5, 1953</b>		REG. NO. <b>147-0</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Sweeney Phillipos, Warrensburg, Mo.</b>		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



JOHNSON COUNTY HEALTH DEPT.

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.....

John P. Rodgers

Student Embalmer No. 490

working under my personal supervision.

Student John P. Rodgers Student Embalmer

Signed R. D. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrensburg, Missouri

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.