

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **11916**

**FILED MAY 10 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <b>Howell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>HOWELL</b>	
b. CITY OR TOWN <b>WEST PLAINS</b>		c. CITY OR TOWN <b>WEST PLAINS</b>	
c. LENGTH OF STAY (in this place) <b>14 yr</b>		d. STREET ADDRESS (If rural, give location) <b>401 Railroad Ave.,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>X</b>		e. FULL NAME OF HOSPITAL OR INSTITUTION <b>X</b>	

3. NAME OF DECEASED (Type or Print) **GROVER CLEVELAND REDBURN**

a. (First) \_\_\_\_\_ b. (Middle) \_\_\_\_\_ c. (Last) \_\_\_\_\_

4. DATE OF DEATH **4-3-54**  
(Month) (Day) (Year)

5. SEX **M** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **M** 8. DATE OF BIRTH **10-28-1889** 9. AGE (In years last birthday) **64** IF UNDER 1 YEAR Months **5** IF UNDER 1 YEAR Hours **5** IF UNDER 1 YEAR Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired Farmer** 10b. KIND OF BUSINESS OR INDUSTRY **X** 11. BIRTHPLACE (State or foreign country) **OREGON CO., MISSOURI** 12. CITIZEN OF WHAT COUNTRY? **U S A**

13a. FATHER'S NAME **CHAS. REDBURN** 13b. MOTHER'S MAIDEN NAME **X** 14. NAME OF HUSBAND OR WIFE **X DELIA C. REDBURN**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **X** 16. SOCIAL SECURITY NO. **X** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. GROVER REDBURN, WEST PLAINS, MO** ADDRESS **WEST PLAINS, MO**

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Heart Insufficiency**  
**Coronary Arteriosclerosis**  
**Hypertension**

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
**DUE TO (b)**

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION **443X** 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. (Hereby) certify that I attended the deceased from **1 Nov 1953** to **3 Apr 1954**, that I last saw the deceased alive on **11-11-54**, and that death occurred at **9:00 PM** from the causes and on the date stated above.

23a. SIGNATURE **[Signature]** (Degree or title) **M.D. West Plains, Mo** 23b. ADDRESS **West Plains, Mo** 23c. DATE SIGNED **25-4-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **B** 24b. DATE **4-5-54** 24c. NAME OF CEMETERY OR CREMATORY **OAK LAWN CEMETERY** 24d. LOCATION (City, town, or county) (State) **WEST PLAINS, MO**

DATE REC'D BY LOCAL REG. **5-3-54** REGISTRAR'S SIGNATURE **Beatrice Cook** 379 25. FUNERAL DIRECTOR'S SIGNATURE **ROBERTSONS, WEST PLAINS, MO** ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_



Licensed Embalmer No. \_\_\_\_\_

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.