No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 21 1955

State File No. 7012

BIRTH NO. 17382-54 REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6167 Registrar's No. 13

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

1. PLACE OF DEATH
a. COUNTY: Stone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "Rural" Union
c. LENGTH OF STAY (in this place): 1½ Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #1, Billings

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stone
c. CITY OR TOWN: Billings, Rt. 1
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): "Rural" Union 1040

3. NAME OF DECEASED (Type or Print)
a. (First): PAUL
b. (Middle): JOSEPH
c. (Last): REDFEARN

4. DATE OF DEATH (Month) (Day) (Year): Jan. 21, 1955

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0
8. DATE OF BIRTH: Nov. 19-1954
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 2, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: - - - - -
11. BIRTHPLACE (City and State or Foreign Country): Springfield, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: P. E. Bunyan Redfearn
13b. MOTHER'S MAIDEN NAME: Laura Gertrude Scott
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: P. E. Bunyan Redfearn. ADDRESS: Rt. #1 Billings, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medulary Paralysis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Anomaly of great vessels
DUE TO (c) 7531

II. OTHER SIGNIFICANT CONDITIONS
~~Conditions contributing to the death but not related to the disease or condition causing death.~~ Syndactylism of left fingers

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 19, 1954, *to* Nov 28, 1954, *that I last saw the deceased alive on* Nov 28, 1954, *and that death occurred at* 1:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Richard Wetzel (Degree or title) D.O. 2
23b. ADDRESS: 700 E. Sunshine, Springfield, Mo
23c. DATE SIGNED: 1-2-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/23/1955
24c. NAME OF CEMETERY OR CREMATORY: Mt. Carmel Cemetery
24d. LOCATION (City, town, or county) (State): Clever, Missouri

DATE REC'D BY LOCAL REG.: Jan. 26-55
REGISTRAR'S SIGNATURE: Mrs. J. Elmer Brosseau 317
25. FUNERAL DIRECTOR'S SIGNATURE: John Dean Harris, ADDRESS: Clever, Mo.

per Lena Murray

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....John Alean Harris.....

Licensed Embalmer No.....439.

P. O. Address.....Clever, N.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.