

S. No. 300
V. 10. 48

FILED JUN 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17758

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 193

0940

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

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Oregon	
b. CITY (If outside corporate limits, write RURAL and give township) Farmington Rural		c. CITY (If outside corporate limits, write RURAL and give township) Koshkonong	
c. LENGTH OF STAY (In this place) 8 Mos., 21 das.		d. STREET ADDRESS (If rural, give location) Route 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 4			

0750
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3. NAME OF DECEASED (Type or Print) MAUDIE	a. (First)	b. (Middle)	c. (Last) REDBURN	4. DATE OF DEATH (Month) (Day) (Year) May 26, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 29, 1886	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Month 3 Days 27	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Oregon County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Bales	13b. MOTHER'S MAIDEN NAME Eliza Dunkin	14. NAME OF HUSBAND OR WIFE J.M. Redburn
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Records State Hospital No. 4, Farmington, Mo.	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage - - - - -		INTERVAL BETWEEN ONSET AND DEATH Abt. 5 das.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease - - -		Unknown.
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT HOME <input type="checkbox"/> AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from March 22, 1951, to May 26, 1951, that I last saw the deceased alive on May 26, 1951, and that death occurred at 9:45 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Dr. R. Brerna</i>	23b. ADDRESS State Hospital No. 4, Farmington, Mo.	23c. DATE SIGNED 5-27-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-2-51	24c. NAME OF CEMETERY OR CREMATORY Redburn Cemetery	24d. LOCATION (City, town, or county) (State) Thayer, Missouri
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DATE REC'D BY LOCAL REG. May 27, 1951	REGISTRAR'S SIGNATURE <i>Ethel R. ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>289</i>	ADDRESS Carter Funeral Home, Thayer, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

File No. _____

DISTRICT HEALTH OFFICE No. 4

JUN 5 1951

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Paul K. Dugal

Signed.....
Student Embalmer

Licensed Embalmer No. 4120

P. O. Address Farmington, N.H.

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.