

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30537

State File No. _____

Registrar's No. 371

No. 500

10-48

FILED OCT 13 1951

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Blue		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City 3	
c. LENGTH OF STAY (in this place) 12 yrs		d. STREET ADDRESS (If rural, give location) 1820 Tildon	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 1820 Tildon			

3. NAME OF DECEASED (Type or Print) a. (First) Edward	b. (Middle) E.	c. (Last) Redford	4. DATE OF DEATH (Month) (Day) (Year) Oct. 2, 1951
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 1, 1871	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY self employed	11. BIRTHPLACE (State or foreign country) Holden, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John H. Redford	13b. MOTHER'S MAIDEN NAME Mary Cleveland	14. NAME OF HUSBAND OR WIFE Sarah Redford (deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME B. J. Redford, ADDRESS Kansas City 3, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic Heart Disease</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Afferentia 7 mo eyes</i>			

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 (Specify) <i>natural</i>	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 <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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:30A. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Emilio J. Casner</i> (Degree or title)	23b. ADDRESS <i>3103 1/2 Pacific Blvd</i>	23c. DATE SIGNED <i>10-2-51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24b. DATE <i>Oct. 5, 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Pleasant Hill Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>Pleasant Hill, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>10-4-51</i>	REGISTRAR'S SIGNATURE <i>Emilio J. Casner</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Geob. Carson</i> ADDRESS <i>Independence, Mo.</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

480

OCT 8 REC'D

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 *Harold E. Goodiel*.....

Licensed Embalmer No. *4609*.....

P. O. Address *Indep. Mo.*.....

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.