

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5026

State File No.

FILED MAR 15 1954

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>861</u>					
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>CARROLL</u>			
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>9 days</u>		c. CITY OR TOWN <u>TINA</u>		d. Is Residence within limits of a city or incorporating town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hosp</u>				STREET ADDRESS (If rural, give location) <u>NORTH Part of Town 1</u>				0170			
3. NAME OF DECEASED (Type or Print) <u>OSCAR ALEXANDER REDFORD</u>			a. (First)		b. (Middle)		c. (Last)				
4. DATE OF DEATH <u>FEB 23 1954</u>				(Month)		(Day)		(Year)			
5. SEX <u>D</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT. 31, 1880</u>		9. AGE (In years last birthday) <u>73</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mail HANDLER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LAMAR Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>JAMES REDFORD</u>			13b. MOTHER'S MAIDEN NAME <u>BEILE CAUSEY</u>			14. NAME OF HUSBAND OR WIFE <u>DELLA M. REDFORD</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS CHAS S. Rutt</u>					ADDRESS <u>TINA Mo.</u>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Appendicitis above</u>				<u>12 days</u>			
				DUE TO (c)				<u>5501</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min)		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 <u>2/15</u> , 19 <u>54</u> , to <u>2/23</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>2/23</u> , 19 <u>54</u> , and that death occurred at <u>9:30 PM.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Fred H. Lundgren Jr.</u> (Degree or title)				23b. ADDRESS <u>327 Plaza Ind. Bldg</u>			23c. DATE SIGNED <u>2/24/54</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-24-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Coloma</u>		24d. LOCATION (City, town, or county) (State) <u>TINA Mo.</u>					
DATE REC'D BY LOCAL REG. <u>2-24-54</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>AUSTIN FEDERAL HOME</u> ADDRESS <u>Tina Mo.</u>						

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

APR 12 1958

MAY 12 1958

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.....
Signature of Student Embalmer

Signed *John P. Sheil*.....

Licensed Embalmer No. *36*.....

P. O. Address *Kern*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.