

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22771

State File No. _____

5465

Registrar's No. 692

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|--|--|--|---|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>128</u> | | PRIMARY REG. DIST. NO. <u>250</u> | | Registrar's No. <u>692</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Campbell Twp</u> | | c. LENGTH OF STAY (in this place) <u>6 Months</u> | | c. CITY OR TOWN <u>Springfield</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield R.F.D. # 4</u> | | | | e. STREET ADDRESS (If rural, give location) <u>1415 Frisco Avenue</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>OLIVER</u> | | b. (Middle) <u>PARK</u> | | c. (Last) <u>REDFERN</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 17, 1954</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>25 July 1880</u> | |
| 9. AGE (in years last birthday) <u>73</u> | | 10. UNDER 1 YEAR Months _____ Days _____ | | 10. UNDER 10 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. farming</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Bois D' Arc, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>George B. Redfern</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Jane Scott</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Mamie Redfern</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Muriel Mills, Oklahoma City, Okla.</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary heart lesion</u></p> <p>ANTECEDENT CAUSES</p> <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>General oste-arthritis</u></p> <p>DUE TO (c) <u>Burgers disease</u></p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p> <p><u>Senility</u></p> | | | | | | 8 hrs. | |
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| | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4531</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>6-25-54</u> , 19 <u>54</u> , to <u>7-17-54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6-21-54</u> , 19 <u>54</u> , and that death occurred at <u>2:30P</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>C E Zeller MD</u> | | | | 23b. ADDRESS <u>609 Cherry, Springfield, Mo.</u> | | 23c. DATE SIGNED <u>7-19-54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>20 July 1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Prospect Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Greene County, Missouri.</u> | |
| DATE REC'D BY LOCAL REG. <u>7-20-54</u> | | REGISTRAR'S SIGNATURE <u>Edna Williamson</u> | | FUNERAL DIRECTOR'S SIGNATURE <u>Fred C. Thieme, Springfield, Missouri</u> | | ADDRESS | |

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.....
Signature of Student Embalmer

Signed *Ralph H. Thieme*.....

Licensed Embalmer No. ³⁶⁸¹.....
Springfield,
P. O. Address Missouri.....

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.