

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12688

FILED MAY 9 1955

Registrar's No. 10

BIRTH NO. REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5789

1. PLACE OF DEATH a. COUNTY <b>Mississippi</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural East Prairie</b>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>General Delivery East Prairie, Mo.</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>5 miles E. of East Prairie, Mo</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Bolden</b> c. (Last) <b>Redferring</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 14, 1955</b>		
5. SEX <b>0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 4, 1880</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Kentucky</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Annie D. Banks Redferring</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Beatrice Wheatley E. Prairie, Mo</b>
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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, asthenia, 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) <b>myocardial degeneration</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Heart muscles</b> DUE TO (c) <b>age</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>			

19a. DATE OF OPERATION <b>no</b>	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	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) <b>Miss. Mo.</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **4/1**, 1955, to **4/10**, 1955, that I last saw the deceased alive on **4/11**, 1955, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>A. B. Martin MD.</b>	(Degree or title)	23b. ADDRESS <b>East Prairie Mo. 4/18-55</b>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	b. DATE <b>April 16, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Dogwood</b>	24d. LOCATION (City, town, or county) (State) <b>Dogwood Mississippi Mo.</b>
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DATE REC'D BY LOCAL REG. <b>4-26-55</b>	EMBALMER'S SIGNATURE <b>Beatrice D. Harper</b>	197- <b>197</b>	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. M. McMillen E. Prairie, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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APR 28  
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Miss. Co. Health D

County File No. \_\_\_\_\_

Date Filed MAY 6 1955

APR 19 1955

**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 *J. Edwin McMillan*.....  
Licensed Embalmer No. 468.....

P. O. Address *E. Prairie*.....

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.