

FILED MAR 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5756

BIRTH NO. _____ REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 5872 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Oregon		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) OR TOWN Kesh Kong		c. CITY OR TOWN Kesh Kong	
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD		e. STREET ADDRESS RFD	

3. NAME OF DECEASED (Type or Print) John M. Redburn			4. DATE OF DEATH (Month) (Day) (Year) 1-13-56		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 5-29-1863	9. AGE (In years last birthday) 72	10. IF UNDER 1 YEAR Months 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Illinois	12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Jas M. Redburn	13b. MOTHER'S MAIDEN NAME unk	14. NAME OF HUSBAND OR WIFE Lydia C. Redburn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME Chester Redburn
		ADDRESS Leno Mo

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
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Over Exertion DUE TO (c) Senility		
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) 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 8:00 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lee O. McArthur, Registrar		23b. ADDRESS 214 W. 1st St. Mo.	23c. DATE SIGNED 2-9-1956
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-26-56	24c. NAME OF CEMETERY OR CREMATORY Redburn	24d. LOCATION (City, town, or county) (State) Leno Mo
DATE REC'D BY LOCAL REG. 2/24/56	REGISTRAR'S SIGNATURE Mrs W C Johnson	253- FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Leno Mo

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, *H. S. Roberts*

Licensed Embalmer No. *347*

P. O. Address *West Hill*

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.