

FILED DEC 3 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **41300**

Registration District No. **254** Primary Registration District No. **4386** Registrar's No. **2**

300 /
-57

1. PLACE OF DEATH a. COUNTY OREGON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY OREGON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN THAYER		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KOSHKONONG, Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION X		Length of stay in 1b WKS	d. STREET ADDRESS R F D (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) JASON MARTIN REDBURN			4. DATE OF DEATH Month 10 Day 6 Year 57		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-12-57	9. AGE (In years birthday) 80	IF UNDER 1 YEAR Months 1 Days 24	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY X X	11. BIRTHPLACE (City and state or country) EQUALITY, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME JASON REDBURN	13b. MOTHER'S MAIDEN NAME FLORA VINSON	14. NAME OF HUSBAND OR WIFE X X
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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) X X	16. SOCIAL SECURITY NO. X	17. INFORMANT Address EBLEN REDBURN, WHAYER, MISSOURI
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of jaw & metastasis to mouth & throat		INTERVAL BETWEEN ONSET AND DEATH 7 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 191 X	DUE TO (c) 	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Sept 7 1957 to Oct 10 1957 and last saw ^{her} him alive on Sept 5 PM on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Paul Cooper MD	22b. ADDRESS Thayer MO	22c. DATE SIGNED 10-12-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) B	23b. DATE 10-8-57	23c. NAME OF CEMETERY OR CREMATORY REDBURN	23d. LOCATION (City, town, or county) (State) KOSHKONONG, MO
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24. FUNERAL DIRECTOR ADDRESS ROBERTSONS, WEST PLAINS, MO	25. DATE RECD. BY LOCAL REG. 11-25-1957	26. REGISTRAR'S SIGNATURE Arthur Wolff
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *D. S. Roberts*

1000 01229 1000 1 297 Licensed Embalmer No. 34702

P. O. Address *West Plains*

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.