

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012997
State File No.

FILED MAR 18 1958

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6226</u>		Registrar's No. <u>51</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Oklahoma</u> b. COUNTY <u>Muskogee</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Coal Twp.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Muskogee</u>		d. STREET ADDRESS (If rural, give location) <u>P.O. Box</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>farm of J.R.Gardner</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Etta</u>		b. (Middle) <u>May</u>		c. (Last) <u>Redden</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 28, 1958</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married widowed</u>		8. DATE OF BIRTH <u>Apr. 2, 1884</u>	
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>homemaker</u>		11. BIRTHPLACE (State or foreign country) <u>Wyandotte, Oklahoma</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>J. M. Jennings</u>		13b. MOTHER'S MAIDEN NAME <u>Lydia Watson</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. Redden</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Walker Brown Ft Scott Kansas</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR TOXICITY DIRECTLY LEADING TO DEATH* (a) <u>Adeno-Carcinoma of breast with general. of metastasis.</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					
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) <u>170X</u>	
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? <u>2</u>			
22. I hereby certify that I attended the deceased from <u>Feb 1, 1958</u> , to <u>Feb 28, 1958</u> that I last saw the deceased alive on <u>Feb 27, 1958</u> , and that death occurred at <u>1 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Edward P. Kandler MD</u>				23b. ADDRESS <u>Fort Scott, KS</u>		23c. DATE SIGNED <u>3/3/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Mar. 3, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clarksburg Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Garland Kansas</u>	
DATE REC'D BY LOCAL REG. <u>3-15-1958</u>		REGISTRAR'S SIGNATURE <u>Anna G. Harvey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earls Memorial Home</u> ADDRESS <u>Ft. Scott, Kans.</u>			

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

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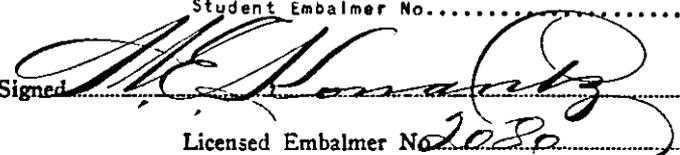
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....



Licensed Embalmer No. 2080

Signed.....
Student Embalmer

P. O. Address Box 283

Fort Scott, Kansas

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 this body is not embalmed, fact should be so stated above.