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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35609**

Registration District No. **417** Primary Registration District No. **55612** Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carterville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Dyane Pauline Durrell

3. (b) If veteran, name, war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 28 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

3	10		hr. min.
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9. Birthplace Webb City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Milton Burgess

13. Birthplace Carroll Springs Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Lorraine Burgess

15. Birthplace Carterville Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Milton Burgess

(b) Address Carterville

17. (a) Burial (b) Date thereof Oct 10 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carterville Cem

18. (a) Signature of funeral director Webb City Lind Co

(b) Address Webb City Mo

19. (a) Oct 10 - 1940 (b) J. W. Clark
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Carterville
(If outside city or town limits, write "RURAL")

(d) Street No. 403 N. Terminal
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8
year 1940 hour 6 minute 0 P. M.

21. I hereby certify that I attended the deceased from Oct 8th
1940 to Oct 11th 1940
that I last saw her alive on Oct 8th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Syphilis

Duration	<u>3 mo.</u>
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Due to _____

Due to 34

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

371
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. W. Clark (M. D. or other) _____

Address Carterville Mo Date signed Oct 10 40

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

Handwritten notes and scribbles in the top left corner, including the number '10' and other illegible markings.

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 myself

....., Registered Apprentice No.
working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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