

FILED SEP 24 1947

Registration District No. 447

Primary Registration District No. 5569

Registrar's No. 267

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Rural (Brookings)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Noland Rd + George Rd. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 2 years.  
years, months or days

3. (a) PRINT FULL NAME

Everett Lee Durnell Durnell

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Atha Durnell

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July (Month)

30 (Day)

1884 (Year)

8. AGE:

Years 62 Months 10 Days 22

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace

Hickory County Missouri  
(City, town, or county) (State or foreign country)

Missouri  
(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name Thomas Durnell

13. Birthplace Hickory County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Ephelia Hunt

15. Birthplace Bowling Green Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs C. R. Seidel

(b) Address 3420 Locust N.C. Mo.

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof June 25, 1947  
(Month) (Day) (Year)

(c) Place: burial or cremation Robinson Cemetery Keokuk Mo.

18. (a) Signature of funeral director Walter E. Egert

(b) Address Raytown Mo.

19. (a) 6-23-47  
(Date received local registrar)

(b) Mildred Harvorn  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Rural (Brookings) 6  
(If outside city or town limits, write "RURAL")  
(d) Street No. Noland Rd + George Rd 0  
(If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 22  
year 1947 hour 3:00 minute P M.

21. I hereby certify that I attended the deceased from MAY 30 1947 to JUNE 22 1947.  
that I last saw him alive on JUNE 19 1947.  
and that death occurred on the date and hour stated above.

Immediate cause of death MYOCARDIAL FAILURE INSTANT.

CORONARY OCCLUSION.  
ANT. RIGHT BRANCH, CORONARY ARTERY.  
CORONARY ARTERY SCLEROSIS 5/20.

Major findings:

Of operations \_\_\_\_\_  
Of autopsy 94P

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature H. L. Hefson M.D. 6-23-47  
Address Raytown Mo. Date signed \_\_\_\_\_

WRITE PLAINLY—USE 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 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed A. Clark Hegert

Licensed Embalmer No. 3983

P. O. Address. Raytown, Missouri

**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.**