No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 20 1948

Registration District No. 3 24

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7479

Primary Registration District No. 3072

Registrar's No. 33

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Marshall, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 103 N. Miami
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 1 Month 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Saline
(c) City or town: Marshall
(If outside city or town limits, write "RURAL")
(d) Street No.: 103 N. Miami
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Gary Wayne Durham
3. (b) If veteran, name war .....
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Dec. (Month) 23 (Day) 1947 (Year)
8. AGE: Years ..... Months 1 Days 12 If less than one day ..... hr. ..... min.
9. Birthplace: Marshall (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: None
11. Industry or business: None
MOTHER FATHER
12. Name: Cleo L. Durham
13. Birthplace: Slater (City, town, or county) Mo. (State or foreign country)
14. Maiden name: Margaret Roberta Barnes
15. Birthplace: Marshall (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Cleo L. Durham
(b) Address: Miami, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Slater, Mo.
18. (a) Signature of funeral director: Harry Hershberger
(b) Address: Marshall, Mo.
19. (a) Feb 6-1948 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 5 year 1948 hour 9 minute 30 AM.
21. I hereby certify that I attended the deceased from Feb-4 1948, to Feb-5 1948, that I last saw him alive on Feb-5th 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Pneumonia	28 hrs
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy: no

PHYSICIAN — Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature: Leo T. Neekles (M. D. or other) D.O.
Address: Marshall, Mo Date signed: 2/6/48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-19-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by
Was not embalmed, Registered Apprentice No.
working under my personal supervision.

Signed Harry Hershberger
Licensed Embalmer No. 4357
P. O. Address Marshall Mo

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.