S. No. 300
DM—10-47
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 24 1948

Registration District No. ____

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 15443

Primary Registration District No. 1000

Registrar's No. 549

**1. PLACE OF DEATH:**

(a) County: Buchanan

(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Methodist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 week (Specify whether years, months or days)

In this community: 1 week

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Platte 83

(c) City or town: Rural (If outside city or town limits, write "RURAL") 0

(d) Street No.: Weston Township (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country:

3. (a) PRINT FULL NAME: William Augustus Durkes

3. (b) If veteran, name war: XX

3. (c) Social Security No.: XX

4. Sex: male 0

5. Color or race: white

6. (a) Single, widowed, married, divorced: single 0

6. (b) Name of husband or wife:

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

7. Birth date of deceased: August (Month) 23 (Day) 1878 (Year)

8. AGE: Years 69 | Months 8 | Days 18 | If less than one day: ____ hr. ____ min.

9. Birthplace: Platte Co. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: farm

FATHER
12. Name: John Adam Durkes
13. Birthplace: XX (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name: Sarah Grace Wilkinson
15. Birthplace: XX (City, town, or county) England (State or foreign country)

16. (a) Informant: Miss June Durkes

(b) Address: Weston, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 12-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Graceland Cemetery

18. (a) Signature of funeral director: Vaughn Funeral Home

(b) Address: Weston, Mo.

19. (a) 5-17-48 (Date received local registrar) (b) Fe. b. Jenkins (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month: May day: 11 year: 1948 hour: 7 minute: 20 A.M.

21. I hereby certify that I attended the deceased from 5/3/48, 19__, to 5/11/48, 19__; that I last saw him alive on May 10, 1948; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Coronary Occlusion | 11da |
| left coronary artery | |
| Due to: Heart Disease, hypertensive | 2 mos |
| Due to: | |
| 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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: W. A. Earle (M.D. ~~or other~~) 0

Address: St. Joseph, Mo. Date signed: 5-14

(Licensed Embalmer's Statement on Reverse Side)

## 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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.**