No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31956

FILED NOV 15 1948

Registration District No. 27

Primary Registration District No. 3005

Registrar's No. 97

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

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Butler Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community Most of Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME NELLIE DURBIN
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Husband Ufa Durbin
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased August (Month) 6 (Day) 1900 (Year)

8. AGE:

Years	Months	Days	If less than one day
48	2	21	hr. min.

9. Birthplace ----- (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Joseph Barkley
13. Birthplace No Record (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Barkley
15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant Ufa Durbin
(b) Address Route 2, Butler, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oakhill Cemetery
18. (a) Signature of funeral director Culver-Underwood
(b) Address Butler Missouri
19. (a) 10-30-48 (Date received local registrar) (b) Kendall Kirby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27 year 1948 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb. 10 1948 to Oct 27th 1948 that I last saw her alive on Oct 27th 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to Arteriosclerosis Chronic Unknown	
Due to Insufficiency	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 L D Lyhue (M. D. or other) MD
Address Butler Mo Date signed 10-27-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 10-48-1312
Date Filed 11-12-48

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 Horace Griffith Registered Apprentice No. 296, working under my personal supervision. Robert D. Steinbeck — 200

Signed John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler, 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.