

FILED OCT 19 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35380

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 158

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
at home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution ✓ (Specify whether  
In this community long time years, months or days)

3. (a) PRINT  
FULL NAME

(b) If veteran, name was None (c) Social Security No. None

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive ✓ years  
7. Birth date of deceased Mar. 18 1861 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
86 6 8 hr. min.

9. Birthplace Callaway Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name Irvin E. Durham  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Mary Newson  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Faye E. Durham

(b) Address Nevada Mo. 328 E. 2nd

17. (a) Funeral (b) Date thereof 10-28-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stephens Cemetery

18. (a) Signature of funeral director Edwin H. Hays

(b) Address Nevada Missouri

19. (a) 10-12-48 (b) Nathaniel Warner (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 109  
(c) City or town 328 E. 2nd St. (If outside city or town limits, write "RURAL")  
(d) Street No. Nevada Mo. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26  
year 1948 hour 12 minute 05 a.m.

21. I hereby certify that I attended the deceased from 9-23 1947 to 9-24 1948  
that I last saw him alive on 9-24 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Arteriosclerotic heart disease  
Due to Senility  
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?  
While at work? (Specify type of place) (e) Means of injury —

23. Signature F. L. Martin (M. D. or other) M.D.  
Address Nevada Mo. Date signed 10-9-48

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

RECEIVED

District Health Officer No. 7,

District File Number 9-48-119-5

Date Filed 12-18-48

---

---

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 \_\_\_\_\_

Bert B. Bennett, Registered Apprentice No. 82,  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.