

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 231

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>177</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph Mo.</u>		c. LENGTH OF STAY (In this place) <u>35 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>802 Madison St.</u>				d. STREET ADDRESS (If rural, give location) <u>802 Madison St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>			b. (Middle) <u>Henry</u>			c. (Last) <u>Durrett</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Febr. 7 1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Dec. 6 1872</u>		9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Railway Co.</u>	
11. BIRTHPLACE (State or foreign country) <u>Andrew County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>George Durrett</u>		13b. MOTHER'S MAIDEN NAME <u>Mallisa Ann Kellogg</u>	
14. NAME OF HUSBAND OR WIFE <u>Alma</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-09-7282</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Alma Durrett 802 Madison St.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic Cardiovascular disease</u> <u>10 years</u> DUE TO (c) <u>Man is known to have had Chronic heart disease for which he retired about ten years ago, man started to shovel some snow off his front steps and fell dead.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>172-1</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Shovel some snow off his front steps and fell dead.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>3</u>			
22. I hereby certify that I <u>viewed</u> the deceased from <u>PM Feb 7, 1949</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:40 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. F. Mundy M.D. (Coroner)</u>		(Degree or title)		23b. ADDRESS <u>404 So 3rd St</u>		23c. DATE SIGNED <u>1-7-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/9/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
DATE REC'D BY LOCAL REG <u>Feb 10, 1949</u>		REGISTRAR'S SIGNATURE <u>E. C. Jenkins</u>		382 25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman W. Stumfaden</u>		ADDRESS <u>1802 Union St</u>	

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

MAR 11 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.