

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26879

State File No.

FILED SEP 2 1949

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. 3520

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 13 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5329 Forest		d. STREET ADDRESS (If rural, give location) 5329 Forest			

3. NAME OF DECEASED (Type or Print) a. (First) Albert			b. (Middle) J.			c. (Last) DURST			4. DATE OF DEATH (Month) (Day) (Year) Aug. 13, 1949		
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5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct. 8, 1877		9. AGE (In years last birthday) 72 11		10. IF UNDER 1 YEAR Months		11. IF UNDER 24 HRS. Hours		12. IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cashier, Retired				10b. KIND OF BUSINESS OR INDUSTRY Railway Express				11. BIRTHPLACE (State or foreign country) Atchison, Kansas				12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Chas. Durst			13b. MOTHER'S MAIDEN NAME Elizabeth O'Connor			14. NAME OF HUSBAND OR WIFE Sophie Durst		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 714-05-7440		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Sophie Durst, 5329 Forest, K. C., Mo.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Coronary Sclerosis</u></p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>										10 hrs.	
										years	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Aug 13, 1949, to Aug 13, 1949, that I last saw the deceased alive on Aug 13, 1949 and that death occurred at 9:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE Hubert M. Parker (Degree or title) D.M.D.		23b. ADDRESS 520 Argyle Bldg		23c. DATE SIGNED Aug 13 1949	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-16-49		24c. NAME OF CEMETERY OR CREMATORY St. Benedict Cemetery		24d. LOCATION (City, town, or county) (State) Atchison, Kansas	
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DATE REC'D BY LOCAL REG. 8-15-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar, Kansas City, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Er. W. M. Parker

SEP 2 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 *Max W. Kirkendoll*

Licensed Embalmer No. *4632*

P. O. Address *K. C. 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.