

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21042

State File No.

BIRTH NO. _____ REG. DIST. NO. 246 PRIMARY REG. DIST. NO. 5835 Registrar's No. 7

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| 1. PLACE OF DEATH a. COUNTY <u>NEWTON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL -</u> | c. LENGTH OF STAY (in this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL -</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) <u>RURAL - NO 71 - CEDAR CREEK RD.</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>(ED)</u> c. (Last) <u>DURALL</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> <u>2</u> <u>50</u> |
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|-----------------|---------------------------|---|------------------------------------|--|-----------------------------|-----------------------------|
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>12/22/1898</u> | 9. AGE (In years) (Month) (Day) (Year) (Specify birth day) <u>51</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
|-----------------|---------------------------|---|------------------------------------|--|-----------------------------|-----------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work for during most of working life, even if retired) <u>SMELTER</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>OXIDE DEPT.</u> | 11. BIRTHPLACE (State or foreign country) <u>CEDAR CO - MISSOURI</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U S A</u> |
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| 13a. FATHER'S NAME <u>W M DURALL</u> | 13b. MOTHER'S MAIDEN NAME <u>NANCY COX</u> | 14. NAME OF HUSBAND OR WIFE <u>MAUDE DURALL</u> |
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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) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>491-01-1257</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Maude Durall -</u> |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. | | <u>331X</u> |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) |
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| 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 |
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22. I hereby certify that I attended the deceased from June 31, 1950, to June 23, 1950, that I last saw the deceased alive on June 1, 1950, and that death occurred at 4:30 m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Johanna Douglas M.D.</u> | 23b. ADDRESS <u>210 West 32nd St. Joplin Mo</u> | 23c. DATE SIGNED <u>June 2-50</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>6/5/50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>OSBORN MEM. PK</u> | 24d. LOCATION (City, town, or county) (State) <u>JOPLIN MO</u> |
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| DATE REC'D BY LOCAL REG. <u>6-2-50</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HURLBUR GLOVER MORT. 422</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH DEPT.

District File Number -- 650-136

Date Filed JUN 12 1950

1 B P

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 _____

Everett Hicks

working under my personal supervision.

Student Embalmer No. 372

Everett Hicks

Signed.....
Student Embalmer

Pat G Hale

Signed.....

Licensed Embalmer No. 4771

P. O. Address Joplin, 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.