.S. No. 300
EV. 10-48

FILED MAY 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12429

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 17

0470
5

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

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Arcadia
c. LENGTH OF STAY (in this place): 1 yr. 7 mos. 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): The Home for Aged Baptists

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Arcadia 0470
d. STREET ADDRESS (If rural, give location): 1½ Mile East on Highway 70

3. NAME OF DECEASED (Type or Print): a. (First) Bessie b. (Middle) c. (Last) Durrett

4. DATE OF DEATH (Month) (Day) (Year): April 30, 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June 19, 1868
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 10, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House keeper
10b. KIND OF BUSINESS OR INDUSTRY: Private home
11. BIRTHPLACE (State or foreign country): Canton, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Oscar H. Durrett
13b. MOTHER'S MAIDEN NAME: Mary E. LaRuse
14. NAME OF HUSBAND OR WIFE: never married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Jno. H. Burney, Ironton, Mo. ADDRESS

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, asthenia, 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)	acute cardiac failure	few hours
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Myocarditis	?
DUE TO (c)	Influenza	2 wks.
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Senility	?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 483 X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-17, 1951, *to* 4-30, 1951, *that I last saw the deceased alive on* 4-26, 1951, *and that death occurred at* 3:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. E. Harland M.D.
23b. ADDRESS: Ironton, Mo.
23c. DATE SIGNED: 4-30-51

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 4
24b. DATE: April 30, 1951
24c. NAME OF CEMETERY OR CREMATORY: La Grange Cemetery
24d. LOCATION (City, town, or county) (State): La Grange, Missouri

DATE REC'D BY LOCAL REG.: April 30, 1951
REGISTRAR'S SIGNATURE: Mrs Avis Jones 128 0
25. FUNERAL DIRECTOR'S SIGNATURE: White Funeral Home, Ironton, Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAY 8 1951
DISTRICT HEALTH OFFICE No. 6
No.....

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 Lucel J. White
Licensed Embalmer No. 3012
P. O. Address Quitman Ga.

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.