

FILED AUG 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23532

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>521</u>	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		c. LENGTH OF STAY (in this place) <u>4 Weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crocker</u>		<u>0850</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Long's Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Monroe</u> c. (Last) <u>Durham</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 31 1951</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>August 15, 1871</u>		9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>UNKNOWN-DURHAM</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy -UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>MATTIE DURHAM</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Warren Durham</u> ADDRESS <u>Waynesville Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerosis</u>  ANTECEDENT CAUSES Morbid 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.					INTERVAL BETWEEN ONSET AND DEATH <u>71</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4500</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		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 <u>7-29</u> , 1951, to <u>7-31</u> , 1951, that I last saw the deceased alive on <u>7-31</u> , 1951, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE: <u>R. E. Harrell, M.D.</u> (Degree or title)				23b. ADDRESS: <u>Lebanon, Mo.</u>		23c. DATE SIGNED: <u>8-7-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 2, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crocker Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Crocker Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8-9-1951</u>		REGISTRAR'S SIGNATURE <u>Hella L. Gray</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Walter Hugo Heria, Mo</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

0532  
#

100-111  
1951

Received \_\_\_\_\_ **AUG 11 1951**  
Laclede County Health Unit  
File No. 8-51-108  
Date Filed **AUG 13 1951**

**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. 432  
working under my personal supervision.

Student Clarence Moad  
Student Embalmer

Signed Walter P. Hedger

Licensed Embalmer No. 4265

P. O. Address Keiser, 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.