S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41982

FILED JAN 14 1952 BIRTH NO. ____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 599

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
c. LENGTH OF STAY (In this place): 28 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): FREEMAN HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JASPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): INDEPENDCE. 0485
d. STREET ADDRESS (If rural, give location): 2020 OVERTON. 1

3. NAME OF DECEASED (Type or Print)
a. (First): JUEL
b. (Middle): EDWARD
c. (Last): DURALL

4. DATE OF DEATH (Month) (Day) (Year): 12-31-51

5. SEX: M.
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED. 1
8. DATE OF BIRTH: 7/17/1910
9. AGE (In years last birthday): 41 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): JONES TRUCK LINES
10b. KIND OF BUSINESS OR INDUSTRY: MGR.
11. BIRTHPLACE (State or foreign country): JOPLIN MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: EDD DURALL
13b. MOTHER'S MAIDEN NAME: MAUDE BAKER
14. NAME OF HUSBAND OR WIFE: JOY DURALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): YES
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs Joy Durall. ADDRESS: 2020 Overton Independence Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 24 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary thrombosis — Unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
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* 12-30, 1951, *to* 12-31, 1951, *that I last saw the deceased alive on* 12-31, 1951, *and that death occurred at* 9:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Alvin H. Wilson (Degree or title): MD
23b. ADDRESS: 614 Friso Bldg.
23c. DATE SIGNED: 1-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1/3/52
24c. NAME OF CEMETERY OR CREMATORY: OSBORN MEM.
24d. LOCATION (City, town, or county) (State): JOPLIN MO

DATE REC'D BY LOCAL REG.: 1-3-52
REGISTRAR'S SIGNATURE: Ed A. Hayes 138-1 by Odelle Simpkins O.D.
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: HURLBUT GLOVER MORTUARY.

(Licensed Embalmer's Statement on Reverse Side)

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

0495
0

D. Wallace

RECEIVED 1-10-52
Jasper County Health Office
County File Number 52/1/25
Date Filed 1-11-52

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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed Dale Flores

Signed _____
Student Embalmer

Licensed Embalmer No. 4593

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.