

1950 OCT 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30700

BIRTH NO. _____ REG. DIST. NO. 20 PRIMARY REG. DIST. NO. 4031 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Adrian</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Adrian</u>		d. STREET ADDRESS (If rural, give location) <u>Adrian</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Adrian</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leslie</u>	b. (Middle) <u>Alvin</u>	c. (Last) <u>Durbin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9 - 27 - 52</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>Oct. 11, 1908</u>
9. AGE (in years) (last birthday) <u>43</u>	10. UNDER 1 YEAR (Months) <u>11</u>	11. UNDER 100 Hrs. (Days) <u>16</u>	12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Defense worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Factory</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lewis Alvin Durbin</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Elliva Ewing</u>	
14. NAME OF HUSBAND OR WIFE <u>Mattie J. Durbin</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>497-36-1364</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mattie J. Durbin</u>		ADDRESS <u>Adrian, Missouri</u>	
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, anemias, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide by</u> <u>Over dose of sleeping</u> <u>tablets</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> 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>Drug used Pheno-Barbital</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Dead on arrival</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <u>Home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Adrian Bates Mo.</u>			
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? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>John J. Henderson</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Bates Mo.</u>	
23c. DATE SIGNED <u>9-27-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Adrian</u>		24b. DATE <u>9-30-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Adrian, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-30-52</u>		REGISTRAR'S SIGNATURE <u>Myra Orvus</u> <u>165</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Leath and Son</u>		ADDRESS <u>Adrian Mo.</u>	

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

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OCT 14 1959

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, ~~only~~ _____

Fred T. Greath

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Fred T. Greath*

Licensed Embalmer No. 3343

P. O. Address *Adrian, 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.