

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

DEC 20 1952

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 6010 Registrar's No. 290

880
3

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

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Highway 63 South</u> c. LENGTH OF STAY (In this place) <u>None</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u> d. STREET ADDRESS (If rural, give location) <u>411 S. Marley</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 63 South Moberly</u>			
3. NAME OF DECEASED (Type or Print) <u>FLOYD EUGENE DURHAM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-10-1952</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>April-12-1923</u>
9. AGE (In years) <u>29</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lineman</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Moberly Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Russell D. Durham</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Lee Patten</u>	14. NAME OF HUSBAND OR WIFE <u>Norma Jean Durham</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes World War #2</u>	16. SOCIAL SECURITY NO. <u>498-14-0152</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Norma Jean Durham Moberly Mo.</u> ADDRESS <u>Moberly Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Electric Shock</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immediately</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Handling an iron brace allowing it to strike a wire that carried high voltage</u> DUE TO (c) _____		<u>causes</u>
	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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>R.F.D. South</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Moberly</u> (COUNTY) <u>Randolph</u> (STATE) <u>MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>12-10-52 10:40 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Electric Shock</u>	
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>11:55</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Chas. C. Barnes</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Moberly</u>	23c. DATE SIGNED <u>Dec. 12-11-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec-12-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Gardens</u>	24d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u>
DATE REC'D BY LOCAL REG. <u>12/12/52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Snow Funeral Home Moberly Mo.</u>	

JAN 27 1953

JAN 30 1953

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

R. M. Carter

Licensed Embalmer No. *4157*

P. O. Address *Waverly 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.