

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13623**

FILED APR 27 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 12 PRIMARY REG. DIST. NO. 1289 Registrar's No. 30

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Clay</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linden MO. GALLAGHER</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike Rd. West of Linden</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linden</u> d. STREET ADDRESS (If rural, give location) <u>Old Pike Rd. West of Linden</u>	
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<b>3. NAME OF DECEASED</b> a. (First) <u>Thomas</u> b. (Middle) <u>Ray</u> c. (Last) <u>Durham</u> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>April 17, 1953</u>					
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Single</u>	<b>8. DATE OF BIRTH</b> <u>Nov. 16, 1938</u>	<b>9. AGE</b> (in years last birthday) <u>14</u>	<b>IF UNDER 1 YEAR</b> Months <u>5</u> Days <u>7</u>	<b>IF UNDER 24 HRS.</b> Hours <u>1</u>		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Student at De LaSalle School</u>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Kansas City, Kansas</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> _____	
<b>13a. FATHER'S NAME</b> <u>Harold Durham</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Vivian Isabella</u>			<b>13. NAME OF HUSBAND OR WIFE</b> <u>None</u>		

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Harold Durham Linden, Mo.</u>		<b>ADDRESS</b> _____
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>rheumatic heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>rheumatic fever</u> DUE TO (c) _____						<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1 mo.</u> <u>2 mo.</u>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.									

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4013</u>						<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>					
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>					

22. I hereby certify that I attended the deceased from Feb, 1953 to April 17, 1953, that I last saw the deceased alive on April 17, 1953, and that death occurred at 11 P m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>Walter J. Washburn MD</u> (Degree or title)		<b>23b. ADDRESS</b> <u>Gashland Mo</u>		<b>23c. DATE SIGNED</b> <u>4-20-53</u>	
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>4-21-53</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt. Hope</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Kansas City, Kansas</u>	
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<b>DATE REC'D BY LOCAL REG.</b> <u>4-21-53</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Beulah Kitchner</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>D. W. Newcomer's Sons N. K. C. Mo.</u>		<b>ADDRESS</b> _____	
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**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 Glenn H. Hill

Licensed Embalmer No. 4586

P. O. Address 722 VA 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.