

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17998**

FILED JUN 9 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2736

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY OR TOWN LIBERTY	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 3 months		* STREET ADDRESS (If rural, give location) R.R. #1 LIBERTY MISSOURI	
d. FULL NAME OF (if not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Warwick Nursing Home 3621 WARWICK BLVD.			

3. NAME OF DECEASED (Type or Print) a. (First) MARY	b. (Middle) ETHEL	c. (Last) DURHAM	4. DATE OF DEATH (Month) (Day) (Year) MAY 26 1953
---	--------------------------	-------------------------	---

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUGUST 10, 1892	9. AGE (In years last birthday) 60	10. IF UNDER 1 YEAR Months	11. IF UNDER 1 HRS. Hours	12. IF UNDER 1 MIN. Min.
----------------------	-------------------------------	---	---	---	----------------------------	---------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) JEFFERSONVILLE INDIANA	12. CITIZEN OF WHAT COUNTRY? U. S. A.
--	--	--	--

13a. FATHER'S NAME CHARLES CLARK	13b. MOTHER'S MAIDEN NAME SALLY CLAGG	14. NAME OF HUSBAND ROBERT DURHAM
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mr. Robert C. Durham	ADDRESS Kansas City, Missouri 27 West 38th Street
---	-------------------------------------	---	--

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Ampulla Glatter		INTERVAL BETWEEN ONSET AND DEATH 155 X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Melastatic Carcinoma		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19. DATE OF OPERATION 6/7/49	19b. MAJOR FINDINGS OF OPERATION Carcinoma ampulla	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)	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 10-21, 1942 to 5-26, 1953, that I last saw the deceased alive on 5-25, 1953 and that death occurred at 1:30A.M., from the causes and on the date stated above.

23a. SIGNATURE J. Montgomery M.D.	23b. ADDRESS 1332 Prof. Bldg. KC, Mo	23c. DATE SIGNED 5-27-53
--	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 29, 1953	24c. NAME OF CEMETERY Elmwood Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City Missouri
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. 5-29-53	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer	ADDRESS 1351 BRUSH CREEK BLVD. KANSAS CITY MISSOURI
---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Herbert A. Jones*
Licensed Embalmer No. *4921*

P. O. Address *4125 Paseo*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.