

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

36415

State File No.

FILED NOV 4 - 1953
 BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5663 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u> <u>0560</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lyons</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Near Williamstown, Mo.</u> <u>0</u>	
c. LENGTH OF LIFE <u>Life</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Sutton</u> c. (Last) <u>Durkee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 20, 1953</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 26, 1863</u>			9. AGE (In years last birthday) <u>90</u>		<table border="1"> <tr> <td>IF UNDER 1 YEAR</td> <td>IF UNDER 1 MONTH</td> <td>IF UNDER 1 MIN.</td> </tr> <tr> <td>Months</td> <td>Days</td> <td>Hours</td> </tr> </table>	IF UNDER 1 YEAR	IF UNDER 1 MONTH	IF UNDER 1 MIN.	Months	Days	Hours
IF UNDER 1 YEAR	IF UNDER 1 MONTH	IF UNDER 1 MIN.									
Months	Days	Hours									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Lewis County, Missouri</u> <u>0</u>						
					12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>						

13a. FATHER'S NAME <u>Camillus H. Durkee</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Sutton</u>		14. NAME OF HUSBAND OR WIFE <u>Anna A. Buckley</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J.S. Durkee, Williamstown, Mo.</u>	
---	--	--	--	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Myocarditis -</u>				<u>1 yr</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <u>4222</u>				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 JUNE 15, 1950, to OCT. 20, 1953, that I last saw the deceased alive on SEPT. 25, 1953, and that death occurred at 4:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>P. W. Janning M.D.</u>		23b. ADDRESS <u>CANTON, MO.</u>		23c. DATE SIGNED <u>10-21-53</u>	
---	--	--	--	---	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 22, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Canton, Lewis, Missouri</u>	
--	--	---------------------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <u>10-31-53</u>		REGISTRAR'S SIGNATURE <u>P. W. Janning M.D.</u>		GENERAL DIRECTOR'S SIGNATURE <u>Paul A. Buckley</u>		ADDRESS <u>Canton, Mo.</u>	
---	--	--	--	--	--	-----------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

60
10.48

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

Earl H. Parkley

Licensed Embalmer No. *2615*

P. O. Address *Canton, 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.