

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

12632

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 203

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived, in institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>	c. LENGTH OF STAY (in this place) <u>5 wks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Callao</u> <u>0610</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Skurawitan Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>P.F.H.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Della</u> b. (Middle) <u>Josephine</u> c. (Last) <u>Durham</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 24 - 54</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>5-26-84</u>	9. AGE (in years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>domestic</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>San Mills Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>A. W. Lindley</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Starnes</u>	14. NAME OF HUSBAND OR WIFE <u>C. O. Durham</u>
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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>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>C. O. Durham</u>	ADDRESS <u>Callao Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral accident embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</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>Chronic Valvular heart disease</u>		years.
	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>4214</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan, 1950, to 24 Mar, 1954, that I last saw the deceased alive on 24 Mar, 1954, and that death occurred at 2:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Donald E Eggleston MD</u>	23b. ADDRESS <u>Macon, Missouri</u>	23c. DATE SIGNED <u>29 Mar 54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-25-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lomat Grove Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Callao Mo</u>
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DATE REC'D BY LOCAL REG. <u>4/1/54</u>	REGISTRAR'S SIGNATURE <u>Neil M. Needy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>N. S. Edwards</u>	ADDRESS <u>Bevier, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0611

NOV 18 1961

RECEIVED 4-26-54
MACON COUNTY HEALTH DEPARTMENT
County File No. 45461
Date Filed 7-27-54

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 *W. G. Edwards*

Licensed Embalmer No. 1961

P. O. Address *Bevis 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.