

FILED JUL 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22044**  
Registrar's No. \_\_\_\_\_

Card sent 0070

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

BIRTH NO. _____		REG. DIST. NO. <u>23</u>		PRIMARY REG. DIST. NO. <u>5099</u>		Registrar's No. _____						
1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u>								
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Foster</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Treece</u>								
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____								
3. NAME OF DECEASED a. (First) <u>James</u> (Type or Print)			b. (Middle) <u>A</u>		c. (Last) <u>Durbin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 15 1954</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>widowed</u>		8. DATE OF BIRTH <u>May 16 1870</u>		9. AGE (In years last birthday) <u>84</u> If under 1 year: Months _____ Days _____ If under 24 hrs: Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer &amp; coal miner</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Taylorville Illinois</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>				
13a. FATHER'S NAME <u>Leonard Durbin</u>			13b. MOTHER'S MAIDEN NAME <u>Evaline Johnson</u>			14. NAME OF HUSBAND OR WIFE <u>Louisa</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Daughter</u> ADDRESS <u>Louise Durbin Moon Foster Mo</u>								
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-vascular renal syndrome</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Excessive heat (weather)</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>				
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) _____		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) (Min.) _____			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 <u>July 14 1954</u> , to <u>July 15 1954</u> , that I last saw the deceased alive on <u>July 15 1954</u> , and that death occurred at <u>5:05 p.m.</u> , from the causes and on the date stated above.												
23a. SIGNATURE <u>Fred Edvinak</u> (Degree or title) _____				23b. ADDRESS <u>Pleasanton, Kansas</u>				23c. DATE SIGNED <u>7/15/54</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>July 16 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Galina Cherokee Kansas</u>						
DATE REC'D BY LOCAL REG. <u>July 16</u>		REGISTRAR'S SIGNATURE <u>Fern Martin</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>TOBNE DEN FUNERAL HOME</u> ADDRESS <u>PLEASANTON KANSAS</u>						

**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, XXXX

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Earl W. Jordan

Licensed Embalmer No. ## ## ## ## 3587

P. O. Address Pleasanton Kansas

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.