

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO.		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>171</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Grundy</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Grundy</u>	
c. LENGTH OF STAY (In this place) <u>25 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		d. STREET ADDRESS (If rural, give location) <u>Tindall Com.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Susans Nursing Home</u> <u>150 Chestnut</u>				d. STREET ADDRESS (If rural, give location) <u>Tindall Com.</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Nathan Kimball Durant</u>			b. (Middle)			c. (Last)	
6. COLOR OR RACE <u>White</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>			8. DATE OF BIRTH <u>Oct 18, 1876</u>	
9. AGE (In years last birthday) <u>78</u>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>			11. BIRTHPLACE (State or foreign country) <u>Tindall, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Nathan P. Durant</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Ann Legg</u>	
14. NAME OF HUSBAND OR WIFE			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Joe Durant</u>			ADDRESS <u>Trenton, Mo.</u>				
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>Acute Bronchial Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Virus Infection</u>				2 days			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Phasic Myocarditis</u>				1 year			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>49.1 X</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) (m.)				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>Feb 4, 1954</u> to <u>Nov 3, 1954</u> , that I last saw the deceased alive on <u>Nov 3, 1954</u> and that death occurred at <u>6 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>E. A. Duffy M.D.</u>				23b. ADDRESS <u>Trenton MO</u>			
23c. DATE SIGNED <u>Nov 5-54</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>Nov 5, 1954</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Martin Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Grundy Co. Mo.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Gipson Funeral Home</u>			
DATE REC'D BY LOCAL REG. <u>11-5-54</u>				ADDRESS <u>Trenton, Mo.</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, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Leo G. Whitaker

Licensed Embalmer No. 4780

P. O. Address Wrenton, Md.

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.