

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

22756

State File No. ....

No. 300  
10.48

**FILED JUL 25 1955**

BIRTH NO. ....		REG. DIST. NO. <u>175</u>		PRIMARY REG. DIST. NO. <u>5645</u>		Registrar's No. <u>55</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)				
a. COUNTY <u>Lawrence</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u>		c. LENGTH OF STAY (In this place)		a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 MILES East of Aurora</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora R-2</u>		d. STREET ADDRESS (If rural, give location) <u>2 MILE EAST</u>		0500		
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)					
a. (First) <u>ELMER</u>	b. (Middle) <u>A</u>	c. (Last) <u>Durham</u>	Month <u>July</u>	Day <u>16</u>	Year <u>1955</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>July 2 - 1884</u>		9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months Days Hours Min.	
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 <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Lawrence MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>JAMES DURHAM</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH JENNINGS</u>		14. NAME OF HUSBAND OR WIFE <u>MARIE DURHAM</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give no. or date of service) <u>496-10-9633</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marie Durham</u> ADDRESS <u>Aurora 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				INTERVAL BETWEEN ONSET AND DEATH		
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphosarcoma</u>				<u>about 1 year</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hodgkins Disease</u>				<u>Not known</u>		
		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 <u>None</u>		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) (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>April 18, 1955</u> , to <u>July 16, 1955</u> , that I last saw the deceased alive on <u>July 16, 1955</u> , and that death occurred at <u>7:30 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Benneth L. Telsey M.D.</u>				23b. ADDRESS <u>Aurora, Missouri</u>		23c. DATE SIGNED <u>7/18/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/19/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>		24d. LOCATION (City, town, or county) (State) <u>Aurora MO</u>			
DATE REC'D BY LOCAL REG. <u>7-20-55</u>		REGISTRAR'S SIGNATURE <u>Ora Mc Natt</u> 157-		25. FUNERAL DIRECTOR'S SIGNATURE <u>Benn L. Telsey</u> ADDRESS <u>Aurora MO</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

0550

JUL 25 1955

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 \_\_\_\_\_

*Myself*

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Osman L. Marsh*

Licensed Embalmer No. \_\_\_\_\_

*3812*

P. O. Address \_\_\_\_\_

*Amman 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.