

FILED SEP 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26941

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 162

1. PLACE OF DEATH a. COUNTY <u>MACON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SHELBY</u>	
b. CITY OR TOWN <u>MACON</u>		c. CITY OR TOWN <u>CLARENCE</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>10 DAYS</u>		e. STREET ADDRESS (If rural, give location) <u>CLARENCE MO 10201</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>JAMARITAN HOSPITAL</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>RICHARD</u> c. (Last) <u>DURHAM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 22 1955</u>	
5. SEX <u>0</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 17 1902</u>
9. AGE (In years last birthday) <u>53</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>GROCERY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MACON MO MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>US</u>			
13a. FATHER'S NAME <u>CLIFTON A. DURHAM</u>		13b. MOTHER'S MAIDEN NAME <u>ETTA LISTER</u>	
14. NAME OF HUSBAND OR WIFE <u>PAULINE DURHAM</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>513-A-8693</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>PAULINE DURHAM</u>		ADDRESS <u>CLARENCE 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u> INTERVAL BETWEEN ONSET AND DEATH <u>18 days</u> ANTECEDENT CAUSES DUE TO (b) <u>CORONARY THROMBOSIS Oct 1954</u> DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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>1201</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 <u>July 10</u> , 1955, to <u>Aug 22</u> , 1955, that I last saw the deceased alive on <u>Aug 21</u> , 1955, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Edward Mueller MD</u>		23b. ADDRESS <u>Macon</u>	
23c. DATE SIGNED <u>8/30/55</u>			
24a. BURIAL, CREMATION, OR OTHER DISPOSITION <u>BURIAL</u>		24b. DATE <u>8-25-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE WOOD CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CLARENCE MO</u>	
DATE RECD BY LOCAL REG. <u>9/1/55</u>		REGISTRAR'S SIGNATURE <u>Rich M. Neely 185</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul V. Keating</u>		ADDRESS <u>Clarence Mo</u>	

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

SEP 8 1955

SEP 16 1955

RECEIVED 9.7.55
MACON COUNTY HEALTH DEPARTMENT
County File No. 9.55.150
Date Filed 9.8.55

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
Signature of Student Embalmer

Signed *Charles V. Green*

Licensed Embalmer No. 462

P. O. Address *Lawrence*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.