

FILED MAY 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17453

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>314</u>		PRIMARY REG. DIST. NO. <u>4457</u>		Registrar's No. <u>36</u>			
1. PLACE OF DEATH a. COUNTY <u>ST. CLAIR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a.-STATE <u>MISSOURI</u> b. COUNTY <u>ST. CLAIR</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>OSCEOLA</u>		c. LENGTH OF STAY (in this place) <u>yr</u>		c. CITY OR TOWN <u>OSCEOLA</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>0730</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>TODD Osteopathic Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED a. (First) <u>WILLIAM</u>			b. (Middle) <u>CLARK</u>		c. (Last) <u>DURNELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 24, 1956</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUG. 9, 1869</u>		9. AGE (In years last birthday) <u>86</u>		if UNDER 1 YEAR Months Days	if UNDER 2 YRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>HICKORY COUNTY, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>GEORGE DURNELL</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA COLLINS</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED (AGNET)</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>BILL DURNELL</u>		ADDRESS <u>OSCEOLA, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC GLOMERULO-NEPHRITIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>URINARY RETENTION</u> DUE TO (c) <u>PROSTATIC HYPERTROPHY</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 YEARS</u> <u>UNKNOWN</u> <u>UNKNOWN</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>670X</u>							
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>APRIL 15, 1956</u> , to <u>MAY 24, 1956</u> , that I last saw the deceased alive on <u>MAY 24, 1956</u> , and that death occurred at <u>3:00 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>H. L. Lippman, M.D.</u> (Death certificate)				23b. ADDRESS <u>Osceola, Mo.</u>		23c. DATE SIGNED <u>MAY 26, 1956</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-27-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Robinson</u>		24d. LOCATION (City, town or county) (State) <u>Collins, Mo</u>				
DATE REC'D BY LOCAL REG. <u>5/26/56</u>		REGISTRAR'S SIGNATURE <u>W. E. Seavers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward J. Home Osceola Mo</u> ADDRESS _____					

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

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..... *J.B. [Signature]*

Licensed Embalmer No. *3038*

P. O. Address *[Signature]*

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.