

FILED JUN 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20892

State File No.

BIRTH NO.		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>267</u>					
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. LENGTH OF STAY (in this place) YRS		c. CITY OR TOWN JOPLIN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION 1002 JEFFERSON AVE.				e. STREET ADDRESS (If rural, give location) 1002 JEFFERSON AVE.							
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) A. (HAMMY) c. (Last) DURBIN			4. DATE OF DEATH (Month) (Day) (Year) JUNE 9, 1956								
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH NOV. 5, 1912		9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRODUCE DEALER		10b. KIND OF BUSINESS OR INDUSTRY CITY MARKET		11. BIRTHPLACE (City and State or Foreign Country) 0 CYCLONE, MO.			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME GABE DURBIN			13b. MOTHER'S MAIDEN NAME JESSIE MELLISON		14. NAME OF HUSBAND OR WIFE DOROTHY DURBIN						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) YES		16. SOCIAL SECURITY NO. W.W. 11		17. INFORMANT'S SIGNATURE OR NAME JOHN DURBIN, 2017 KENTUCKY AVE.				ADDRESS			
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) Mossing gastro hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Esophageal varicosis DUE TO (c) hepatic cirrhosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH				
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>6-9, 1956</u> , to <u>6-9, 1956</u> , that I last saw the deceased alive on <u>6-9, 1956</u> , and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) Donald R. Patterson, M.D.		23b. ADDRESS Frisco Bldg. Joplin, Mo		23c. DATE SIGNED 6-14-56					
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-12-56	24c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI						
DATE REC'D BY LOCAL REG. 6-21-56		REGISTRAR'S SIGNATURE Novie Merriam		25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER				ADDRESS MORTUARY, JOPLIN, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

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POST 8 & NMF

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 *F. M. Jones*.....

Licensed Embalmer No. *2311*

P. O. Address *Joplin*

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.