

Health, Welfare and Public Service
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 Cause of death must be certified to a death due to natural causes.
 Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
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THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED AUG 15 1957

STATE FILE NUMBER **24514**
 REGISTRAR'S NO. **3564**

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. Hospital		Length of stay in lb 20 yrs	STREET ADDRESS 3217 W. 38th St.		(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HUBERT Middle C. Last DURHAM			4. DATE OF DEATH Month 7th Day 28th Year 1957		
5. SEX Male	6. COLOR OR RACE Male	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-7-94	9. AGE (In years last birthday) 63 yrs	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done or retired occupation if retired) Brakeman SWITCHMAN		10b. KIND OF BUSINESS OR INDUSTRY K.C. SOUTHERN Railroad		11. BIRTHPLACE (City and state or country) Commerce, Texas	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME WILLIAM D. DURHAM			14. MOTHER'S MAIDEN NAME ALICE WHITEFIELD		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWT		16. SOCIAL SECURITY NO. 544-05-1797	17. INFORMANT Address V.A. Hospital Records, K.C., Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral bronchopneumonia; necrosis, upper lobe, right lung DUE TO (b) Massive left cerebral encephalomalacia DUE TO (c) Generalized arteriosclerosis with cerebral arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. Attended the deceased from July 24, 1957 to July 28, 1957 Death occurred at 11:10 pm on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE A. J. Williams (Degree or title) A. J. Williams			22b. ADDRESS MD V.A. Hospital, Kansas City, Mo	22c. DATE SIGNED 7-29-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE JULY 30 1957	23c. NAME OF CEMETERY OR CREMATORY PINECREST MEMORIAL PARK		23d. LOCATION (City, town, or county) (State) MENA ARKANSAS
24. FUNERAL DIRECTOR D. W. NEWCOMERS SONS		ADDRESS 331 BRUSH CREEK KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 7-30-57		26. REGISTRAR'S SIGNATURE Neva Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Basil Money*.....

Licensed Embalmer No. *47*

P. O. Address *K.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.