Health, Welfare Public Service

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1-57
0690
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FILED JUL 17 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25457
STATE FILE NUMBER

Registration District No. 226 Primary Registration District No. 4336 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Monroe
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Holliday — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): XXXXXX — Length of stay in 1b: XXXX

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Monroe
c. CITY OR TOWN: Holliday — Inside Limits: Yes [ ] No [ ] X
d. STREET ADDRESS (If outside, give location): 0690 — Reside on Farm: Yes [ ] No [ ] X

3. NAME OF DECEASED (Type or print): First: Miranda — Middle: Jane — Last: Durbin

4. DATE OF DEATH: Month 7 — Day 9 — Year 1957

5. SEX: female 1

6. COLOR OR RACE: white

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 5/3/1891

9. AGE (In years last birthday): 6600 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (City and state or country): Holliday, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Jackson Akers

13b. MOTHER'S MAIDEN NAME: Nana Elizabeth Carter

14. NAME OF HUSBAND OR WIFE: Ben Durbin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: XXXXXXX

17. INFORMANT: Ben Durbin — Address: Holliday, 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): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 7 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Coronary Heart Disease — 4 Yrs
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

MEDICAL CERTIFICATION

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 2, to 57 and last saw her/him alive on June 8-57
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Chas M. Bugdale M.D.

22b. ADDRESS: Paris Mo.

22c. DATE SIGNED: 7/10/57

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: July 11, 57

23c. NAME OF CEMETERY OR CREMATORY: Bethel Cemetery

23d. LOCATION (City, town, or county) (State): Holliday Mo

24. FUNERAL DIRECTOR ADDRESS: Fred A Thompson Madison, Mo

25. DATE RECD. BY LOCAL REG.: July 11, 57

26. REGISTRAR'S SIGNATURE: Elsie Robertson

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Mrs Fred A. [illegible]

Licensed Embalmer No. 3282

P. O. Address Madison

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.