

Dept. Health,  
c. & Welfare  
S. Public  
alth Service

V. S. 300  
Rev. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44765  
STATE FILE NUMBER

FILED DEC 30 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 591

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOPLIN</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>JOPLIN</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOHN'S</b>		Length of stay in lb <b>50 YRS.</b>	d. STREET ADDRESS (If outside, give location) <b>1311 FURNACE</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED First Middle Last (Type or print) <b>DOROTHEA DURBIN</b>			4. DATE OF DEATH Month Day Year <b>DEC 2 1957</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MAR 10, 1907</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>DOMESTIC</b>	9. AGE (In years last birthday) <b>50</b> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min
11. BIRTHPLACE (City and state or country) <b>JOPLIN, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JAMES LUNDY</b>		13b. MOTHER'S MAIDEN NAME <b>JENNIE RUTHER</b>	14. NAME OF HUSBAND OR WIFE <b>WM DURBIN (decd)</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>561-36-1499</b>	17. INFORMANT Address <b>MRS. WM STREIGEL JOPLIN</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>RHEUMATIC HEART DISEASE with Mitral Stenosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <b>Rheumatic fever</b> DUE TO (c) <b>unknown</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>410X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 years known</b> <b>unknown</b>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input 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. I attended the deceased from <b>4-13-57</b> to <b>12-2-57</b> and last saw her alive on <b>12-2-57</b> Death occurred at <b>6:00 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Edna H. ... M.D.</b>		22b. ADDRESS <b>Joplin, Mo.</b>	22c. DATE SIGNED <b>12-1-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<b>BURIAL</b>	<b>DEC 5, 1957</b>	<b>OZARK MEM. PARK</b>	<b>JOPLIN MO</b>
24. FUNERAL DIRECTOR ADDRESS <b>Herbert Glover, Joplin</b>		25. DATE RECD. BY LOCAL REG. <b>12-16-1957</b>	26. REGISTRAR'S SIGNATURE <b>Noel Merriam</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED  
DEC 26 1957

Jasper County Health Office

County File Number 57-12-1850

Date Filed DEC 26 1957

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 *Paul Glover*

Licensed Embalmer No. 4593

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.