

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015361
STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 295 Primary Registration District No. 6015 Registrar's No. 325

Health, Welfare
Public
Service
300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>GALT SPRING TWP.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Cairo</u> 0889 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pleasant View</u> Length of stay in 1b <u>2 1/2 years</u>		d. STREET ADDRESS <u>R.F.R. 1#</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>OSSO</u> Middle <u>-</u> Last <u>DURHAM</u>		4. DATE OF DEATH <u>April 11-1958</u> Month <u>April</u> Day <u>11</u> Year <u>1958</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 15-1879</u> Month <u>July</u> Day <u>15</u> Year <u>1879</u>		
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Season Labor (Retail)</u>		9b. AGE (In years last birthday) <u>78</u>	10. KIND OF BUSINESS OR INDUSTRY <u>Wabash RR</u>		
11. BIRTH PLACE (City and state or country) <u>Randolph</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Alonso Durham</u>		14. MOTHER'S MAIDEN NAME <u>Susan Durham</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>			
17. INFORMANT <u>Forest Ridgeway Cairo Mo</u> Address <u>Forest Ridgeway Cairo Mo</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CANCER of Stomach</u> DUE TO (b) _____ DUE TO (c) _____ CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Deaf - Mute - entire life</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>	
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 _____ Month _____ Day _____ 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 <u>Jan 2, 1958</u> to <u>4/10/58</u> and last saw <u>him</u> alive on <u>9/10/58</u> Death occurred at <u>100 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>R. Preyer</u> (Degree or title) <u>wid</u>		22b. ADDRESS <u>Huntsville, Mo.</u>			
22c. DATE SIGNED <u>4/17/58</u>		23. LOCATION (City, town, or county) (State) <u>Mo. Cairo Mo.</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>April 13-58</u>			
23c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		23d. NAME OF REGISTRAR <u>Mary H. Bentley</u>			
24. FUNERAL DIRECTOR <u>Center Funeral Home Moberly MO</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>4-14-1958</u>			

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 *Jerry R. Carter*

Licensed Embalmer No. *4906*

P. O. Address *Moberly, Mo.*

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.