

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029930

STATE FILE NUMBER

health,
Welfare
Public
Service

300
1-56
0830

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All 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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 2 1958		Registration District No. 280		Primary Registration District No. 4419		Registrar's No. 64		
1. PLACE OF DEATH a. COUNTY Platte				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Platte				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Deerborn		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Deerborn		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Siles ^{First} L ^{Middle} Durham ^{Last}				4. DATE OF DEATH August 14, 1958 ^{Month} ^{Day} ^{Year}				
5. SEX male <input type="checkbox"/>	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 16, 1884		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical Doctor		10b. KIND OF BUSINESS OR INDUSTRY Doctorn		11. BIRTHPLACE (City and state or country) Winn Parish, La.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME J. L. Durham				14. MOTHER'S MAIDEN NAME Talithe Ann McIlwein				
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. none		17. INFORMANT Anne Durham Deerborn, Mo. ^{Address}				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cor-Polomonal Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Emphysema DUE TO (c) 5271							INTERVAL BETWEEN ONSET AND DEATH Sudden	
20a. ACCIDENT <input checked="" 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 <input type="checkbox"/> a. m. <input type="checkbox"/> 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 1958		COUNTY STATE		
21. I attended the deceased from Aug 14 to Aug 14 and last saw him alive on Aug 14 58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE M. N. Moore M.D. (Degree or title)				22b. ADDRESS Deerborn Mo		22c. DATE SIGNED Aug 19-58 (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial-		23b. DATE 8-17, 1958	23c. NAME OF CEMETERY OR CREMATORY Cemden Point Cemetery		23d. LOCATION (City, town, or county) Cemden Point, Mo.			
24. FUNERAL DIRECTOR V. A. CHN-AUFRANC			ADDRESS DEARBORN, MO		25. DATE RECD. BY LOCAL REG. Aug 17, 1958	26. REGISTRAR'S SIGNATURE Alpha Rollins		

(Licensed Embalmer's Statement on Reverse Side)

1956



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 *W. R. Vaughn*

Licensed Embalmer No. *402*

P. O. Address *Weston*

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.