Health, & Welfare Public Service

S. 300 C
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001754
STATE FILE NUMBER

FILED JAN 14 1959 Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN Carthage — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) McCune-Brooks Hospital — Length of stay in Ib 6 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Carthage — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1024 W. Chestnut — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Olive Middle: Last: Durham

4. DATE OF DEATH Month Day Year: Jan. 7, 1959

5. SEX Female

6. COLOR OR RACE White

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

8. DATE OF BIRTH Aug. 12, 1885

9. AGE (In years last birthday) 73 — 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) housewife

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (City and state or country) Indiana

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Sergent Pelsor

13b. MOTHER'S MAIDEN NAME Etta Sherwood

14. NAME OF HUSBAND OR WIFE Herman Durham

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

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs. Basil Hill, 1024 W. Chestnut — Address Carthage, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 5 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Pyelonephritis
DUE TO (c) [illegible]
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive Cardiovascular disease.

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

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 Dec 6 '58, to Jan 7 '59 and last saw her/him alive on Jan 6 '59
Death occurred at 6:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Fred B. Wetzel Jr. (Degree or title) M.D.

22b. ADDRESS Carthage, Mo.

22c. DATE SIGNED 1-7-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 1-10-59

23c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery

23d. LOCATION (City, town, or county) (State) Newton County, Mo.

24. FUNERAL DIRECTOR Knell Mortuary, Carthage, Mo. — ADDRESS

25. DATE RECD. BY LOCAL REG. 1-9-59

26. REGISTRAR'S SIGNATURE Elly Clinton

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FRED WETZEL, M.D.

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 Robert H Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, 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.