

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029690

FILED VS AUG 31 1959 179

Registration District No. _____ Primary Registration District No. 5668 Registrar's No. 77

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clark		Length of stay in lb 6 Mo.		c. CITY OR TOWN Troy		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wells Nursing Home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 401 Kuhne Heights		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First BENJIMAN Middle FRANKLIN Last DURHAM				4. DATE OF DEATH Month August Day 26 Year 1959					
5. SEX Male		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 July 25, 1875		9. AGE (last birthday) 84 IF UNDER 1 YEAR: Months 1 Days 1 IF UNDER 24 HR: Hours 1 Min. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mailing Clerk for Hammibal			10b. KIND OF BUSINESS OR INDUSTRY Courier Post		11. BIRTHPLACE (City and state or country) New Hartford Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Peter Durham			13b. MOTHER'S MAIDEN NAME Elizabeth Jefferies			14. NAME OF HUSBAND OR WIFE Hazel Durham			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None			16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Leo Durham			Address Troy 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) Cerebral Vasculor accident DUE TO (b) arterio Sclerosis DUE TO (c) Dementia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 1 hour		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		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 _____ a.m. _____ p.m. Month, Day, Year _____		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 Jan. 58 to Aug. 26, 1959 and last saw him alive on Aug 26/59 Death occurred at 3.30P.m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) J. Church				22b. ADDRESS Troy mo				22c. DATE SIGNED 8-26-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 29, 1959		23c. NAME OF CEMETERY OR CREMATORY Reid Cemetery		23d. LOCATION (City, town, or county) Lincoln County MO.		(State)	
24. FUNERAL DIRECTOR DW McCoy Troy Mo				25. DATE RECD. BY LOCAL REG. 8-27-1959		26. REGISTRAR'S SIGNATURE Charlotte Leek.			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

D. W. McCoy

Licensed Embalmer No. 3586

P. O. Address Tracy, Ind

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.