URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–036554

STATE FILE NUMBER

FILED VS NOV 12 1959

ENDED

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 252

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Prairie — Length of stay in 1b: 1 yr
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION County Hospital — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Grandview — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 13214 S. 5th St. — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Mary Middle: M. Last: Durkee

4. DATE OF DEATH Month: Nov Day: 1 Year: 1959

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐

8. DATE OF BIRTH: Nov 14 1869

9. AGE (last birthday): 89

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (City and state or country): West Virginia

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: A.J. Leasure

13b. MOTHER'S MAIDEN NAME: Maria Empch

14. NAME OF HUSBAND OR WIFE: Myrone Durkee Deceased

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. Albert E. Perkins Address 13214 S. 5th Grandview, 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) Arteriosclerotic Heart disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) General Generalized Arteriosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 Sept 19-1959 to Nov 1-1959 and last saw her alive on Nov-1-1959
Death occurred at Nov 1-1959 5:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ralph Asper (Degree or title) M.D.

22b. ADDRESS Lee's Summit, Mo

22c. DATE SIGNED 11/1/59

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Nov 1, 1959

23c. NAME OF CEMETERY OR CREMATORY: Olathe Olathe Cemetery Kan.

23d. LOCATION (City, town, or county) (State): Olathe, Kansas

24. FUNERAL DIRECTOR: Julien-Flaming Funeral Home ADDRESS Olathe Kan.

25. DATE RECD. BY LOCAL REG.: 11-5-59

26. REGISTRAR'S SIGNATURE: M B Langsford

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Chester L. Hamen

Signature of Student Embalmer

Licensed Embalmer No. 4569

P. O. Address Olathe Kan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.