RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-036793

STATE FILE NUMBER

FILED VS OCT 20 1959 178

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 89

NDED

1. PLACE OF DEATH
a. COUNTY Lewis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Canton — Length of stay in 1b 20 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lewis
c. CITY OR TOWN Canton — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 705 Washington — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First James Middle Hudson Last Durkee

4. DATE OF DEATH Month Oct. Day 10, Year 1959

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12-20-1896
9. AGE (last birthday) 62 — 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) Lockman
10b. KIND OF BUSINESS OR INDUSTRY U.S. Dam #20
11. BIRTHPLACE (City and state or country) Lewis County, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Roswell H. Durkee
13b. MOTHER'S MAIDEN NAME Carrie Hudson
14. NAME OF HUSBAND OR WIFE Mary Ellen Little

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.1
16. SOCIAL SECURITY NO. 338-20-7674
17. INFORMANT Mrs. J.H. Durkee, Address Canton, 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) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 15 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease — 20 yrs
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) nephrosclerosis
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 2-17-57, to 10-10-59 and last saw her/him alive on 10-10-59
Death occurred at 6:30 P.M. am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John Dykstra D.O.
22b. ADDRESS Canton, Mo
22c. DATE SIGNED 10-17-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-12-1959
23c. NAME OF CEMETERY OR CREMATORY Forest Grove
23d. LOCATION (City, town, or county) (State) Canton, Lewis Co. Mo.

24. FUNERAL DIRECTOR ADDRESS Earl H Barkley, Canton Mo.
25. DATE RECD. BY LOCAL REG. 10-17-'59
26. REGISTRAR'S SIGNATURE Mrs. Henry Lloyd

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

US OCT 22 1959

NOV 25 1959

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 Earl H. Buckley

Signature of Student Embalmer

Licensed Embalmer No. 2615

P. O. Address Canton, Me

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.