

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 045077

FILED VS DEC 17 1959

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STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Moberly</u>		Length of stay in 1b <u>Week</u>		c. CITY OR TOWN <u>Cairo</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Community Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RFD # 1</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ORSEN HAROLD DURHAM</u>				4. DATE OF DEATH Month Day Year <u>December - 5 - 1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>July - 7 - 1905</u>	9. AGE (last birthday) <u>34</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Labor</u>			10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state/or country) <u>Jacksonville Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>	
13a. FATHER'S NAME <u>Dudley Durham</u>			13b. MOTHER'S MAIDEN NAME <u>Mamie Durham</u>		14. NAME OF HUSBAND OR WIFE —		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>493-98-8819</u>	17. INFORMANT <u>Wayne Durham</u>		Address <u>Moberly Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Paralysis</u> DUE TO (b) <u>Internal hemorrhage</u> DUE TO (c) <u>Gun shot wound</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> <u>1 hr</u> <u>1 hr</u>							
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 checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Placed .22 caliber rifle to right chest and pulled trigger. before brother and his family</u>					
20c. TIME OF INJURY <u>6:25 p.m.</u>	Hour Month, Day, Year <u>12-5-59</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>			20f. CITY, TOWN, OR LOCATION <u>1600 Douglas Moberly, Randolph, Mo</u>		COUNTY		STATE
21. I attended the deceased from <u>7:30 p.m.</u> to <u>—</u> and last saw her/him alive on <u>—</u> . Death occurred at <u>—</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Benj. A. Jolly, M.D. Coroner</u>				22b. ADDRESS <u>203 1/2 W. Clark, Moberly Mo</u>		22c. DATE SIGNED <u>12-7-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Dec-8-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Grand Prairie Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Cairo Missouri</u>			
24. FUNERAL DIRECTOR <u>Cater Funeral Home Moberly Mo.</u>			ADDRESS	25. DATE RECD. BY LOCAL REG. <u>12-8-59</u>	26. REGISTRAR'S SIGNATURE <u>Leahell Lowe</u>		

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 P. M. Carter

Licensed Embalmer No. 4117
P. O. Address Moberly Mo

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