

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020891

STATE FILE NUMBER

AMENDED

Registration District No. 118

Primary Registration District No. 5437

Registrar's No. 22

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>DASCONADE</u>		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>DASCONADE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Bourbon Township</u>		Length of stay in 1b <u>2-Mos</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6mi. South Owensville, Mo</u>		Inside Limits Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First <u>LULA</u> Middle <u>Elizabeth</u> Last <u>Durbin</u>		4. DATE OF DEATH Month <u>June</u> Day <u>26</u> Year <u>1961</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married ☒ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>Sept 25-1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
11a. BIRTHPLACE (City and state or country) <u>Bourbon-Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Tyree</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Rector</u>	
14. NAME OF HUSBAND OR WIFE <u>Clinton Durbin (Deceased)</u>		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>None</u>		17. INFORMANT <u>Pevel Durbin - Blend-Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Thrombosis -</u> DUE TO (b) <u>Arteriosclerosis - generalized</u> DUE TO (c) <u>5 yrs</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arrested Tuberculosis - 6 yrs</u>			
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 <u>7:40</u> a.m. ☐ p.m. ☒ Month, Day, Year <u>6-26-61</u>			
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 <u>Blend</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>1956</u> to <u>6-26-61</u> and last saw her alive on <u>6-26-61</u> Death occurred at <u>7:40 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Paula Bonner, M.D.</u> (Degree or title)		22b. ADDRESS <u>Owensville, Mo.</u>	
22c. DATE SIGNED <u>6-29-61</u>		23. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>	
23a. LOCATION (City, town, or county) <u>Blend-Mo.</u>		23b. DATE RECD. BY LOCAL REG. <u>June 30, 1961</u>	
23c. REGISTRAR'S SIGNATURE <u>Mrs. Marvin Jappmeyer</u>		23d. FUNERAL DIRECTOR <u>Chas. Sasser</u>	

(Licensed Embalmer's Statement on Reverse Side)

JUL 10 1961

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

Charles Rosemann

Licensed Embalmer No.

4178

P. O. Address

Blond-M

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.