

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

67 0014532

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

110

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

FILED APR 17 1967

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		Length of stay in 1b 6 weeks	c. CITY OR TOWN Osceola Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Otto Middle Dow Last Durnell		4. DATE OF DEATH Month 4 Day 12 Year 1967	
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 10/2/1894
9. AGE (last birthday) 73		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		10b. KIND OF BUSINESS OR INDUSTRY Weaubleau Mo	
11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William Clark Durnell		13b. MOTHER'S MAIDEN NAME Agnes John	
14. NAME OF HUSBAND OR WIFE Katie Durnell Osceola, Mo.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 490-20-II20		17. INFORMANT Katie Durnell Osceola, 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) Pulmonary Edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Insufficiency DUE TO (c) Debilitation following Abdominal Surgery		INTERVAL BETWEEN ONSET AND DEATH 12 hours 18 hours 2 weeks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I Carcinoma of Colon		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 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.	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 4-1-67 to 4-12-67 and last saw her alive on 4-12-67 Death occurred at 8:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Clinton L. Glespy, D.O.		22b. ADDRESS Clinton, Mo.	
22c. DATE SIGNED 4/14/67		22d. STATE (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/15/67	23c. NAME OF CEMETERY OR CREMATORY Osceola Cemetery	
23d. LOCATION (City, town, or county) Osceola, Mo.		23e. DATE RECD. BY LOCAL REG. April, 14, 1967	
24. FUNERAL DIRECTOR Goodrich Funeral Home Osceola Mo.		25. REGISTRAR'S SIGNATURE Meldeed Bigum	

(Licensed Embalmer's Statement on Reverse Side)

MAY 5 1967
MAY 24 1967

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

Paul Dickstone

Licensed Embalmer No. 3990

P. O. Address OKLAHOMA

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.