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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11264

Registration District No. 314 Primary Registration District No. 4459 Registrar's No.

1. PLACE OF DEATH:

(a) County St Clair

(b) City or town Osceola
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 43 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Clair 93 2 0

(c) City or town Osceola
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME William Durbin

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Stella Durbin

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July (Month) 10 (Day) 1877 (Year)

8. AGE: Years 65 Months 7 Days 11 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Lobacer

11. Industry or business

FATHER
12. Name Valentine Durbin
13. Birthplace (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Sarah Simon
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Grace Durbin
(b) Address Osceola Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-43 (Month) (Day) (Year)

(c) Place burial or cremation Osceola Cemetery

18. (a) Signature of funeral director Osceola F Homes
(b) Address Osceola Mo

19. (a) 3/3/43 (Date received local registrar) (b) F B Goodrich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21
year 1943 hour 12 minute 3 P M.

21. I hereby certify that I attended the deceased from 6-5, 1942, to 2-18, 1943;
that I last saw him alive on 2-18, 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertension. Cerebral Hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 83a	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature T. H. Douglas, Jr. (M. D. or other) M D

Address Osceola, Mo. Date signed 3-3-43

1100

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-43-84
Date Filed 3-8-43

APR 6 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Chas Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Osceola, Mo

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 this body is not embalmed, fact should be so stated above.