

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4300**

BIRTH NO. _____ REG. DIST. NO. **69** PRIMARY REG. DIST. NO. **4120** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clever		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clever	
c. LENGTH OF STAY (In this place) 4 YRS.		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hotel 3			

3. NAME OF DECEASED (Type or Print) Rhoda Ellen Durigan			4. DATE OF DEATH (Month) (Day) (Year) 2 20 1949		
a. (First)	b. (Middle)	c. (Last)			

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 2-14-1862	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Unknown		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME James Webb	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE John Durigan	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Durigan Daton, Ohio	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 6 Months
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocardial Insufficiency			
ANTECEDENT CAUSES	DUE TO (b)			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	Coronary Insufficiency			
	DUE TO (c)			
	Arteriosclerosis			
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.			
	Cachexia			70

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Clever Christian Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **August, 1948**, to **February, 1949**, that I last saw the deceased alive on **Feb 20, 1949**, and that death occurred at **6 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Karl J. Leidinger Jr. M.D.	23b. ADDRESS Clever, Mo.	23c. DATE SIGNED 2-21-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-22-1949	24c. NAME OF CEMETERY OR CREMATORY Snapp	24d. LOCATION (City, town, or county) (State) Forsythe Mo.
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DATE REC'D BY LOCAL REG. 2-22-49	REGISTRAR'S SIGNATURE Allie Deier	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Beardham Clever, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

22
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RECEIVED

District Health Officer No. 6,

District File Number 349-221

Date Filed 2-3-49

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
Student Embalmer

Signed John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleveland, 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.