

FILED JUL 30 1951

STANDARD CERTIFICATE OF DEATH

State File No. 22100

BIRTH NO. 42005-51 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 773

1. PLACE OF DEATH a. COUNTY BUCHANAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY DEKALB	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. JOSEPH		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNION STAR, 0320	
c. LENGTH OF STAY (In this place) 5 Days		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI METHODIST			

3. NAME OF DECEASED (Type or Print)	a. (First) DIANNA	b. (Middle) JO	c. (Last) DURKIN	4. DATE OF DEATH (Month) (Day) (Year) JULY 22nd 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH July 15, 1951	9. AGE (In years last birthday) IF UNDER 1 YEAR Months 7 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.				

13a. FATHER'S NAME JOSEPH H. DURKIN	13b. MOTHER'S MAIDEN NAME RUTH BASHOR	14. NAME OF HUSBAND OR WIFE None
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 Mrs. J.L. Bashor Union Star, Mo.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sepsis of New born.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.— DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1951, to July 22, 1951, that I last saw the deceased alive on July 22, 1951, and that death occurred at 5:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. J. Fuller Jr. M.D.	23b. ADDRESS 212 Kirkpatrick Bldg	23c. DATE SIGNED 7/23/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 24, 1951	24c. NAME OF CEMETERY OR CREMATORY UNION STAR
24d. LOCATION (City, town, or county) (State) UNION STAR, MISSOURI		

DATE REC'D BY LOCAL REG. July 23, 1951	REGISTRAR'S SIGNATURE Carl C. Carter 446	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Roland D. Clark King City
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, ~~only~~.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Roland D. Clark

Licensed Embalmer No. *4477*

P. O. Address *King City, 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.