

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40347

State File No.

FILED DEC 4 1951

BIRTH NO.		REG. DIST. NO. 284		PRIMARY REG. DIST. NO. 3072		Registrar's No. 211		
1. PLACE OF DEATH a. COUNTY Saline 0972				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Saline				
b. CITY (If outside corporate limits, write RURAL and give town) Marshall,		c. LENGTH OF STAY (in this place) 1		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Miami 0970				
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbons Hospital				d. STREET ADDRESS (If rural, give location) R.F.D. 0				
3. NAME OF DECEASED (Type or Print) a. (First) Altie			b. (Middle) Francis		c. (Last) Durham		4. DATE OF DEATH (Month) (Day) (Year) Nov. 22-1951	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July, 12-1893		9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Days 4	IF UNDER 1 HR. Hours 10
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) Fayette, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Elija Howard			13b. MOTHER'S MAIDEN NAME Rebecca Jennings		14. NAME OF HUSBAND OR WIFE N. W. Durham			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, if unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS N. W. Durham, R.F.D. Miami, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertension Renal Venous Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None					INTERVAL BETWEEN ONSET AND DEATH ? ? ?	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Saline Mo. 3072				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? None				
22. I hereby certify that I attended the deceased from 9-14 , 19 51 , to 11-21 , 19 51 , that I last saw the deceased alive on 11-21 , 19 51 , and that death occurred at 1:15 p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) N. W. Durham				23b. ADDRESS R.F.D. Miami, Mo.		23c. DATE SIGNED 11/23/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11/24/1951	24c. NAME OF CEMETERY OR CREMATORY Rice Cemetery		24d. LOCATION (City, town, or county) (State) R.F.D. Salisbury, Mo.			
DATE REC'D BY LOCAL REG. Nov. 25-1951		REGISTRAR'S SIGNATURE Ridney E. Gray 385		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hill Brothers, Slater, Mo.				

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

RECEIVED DEC 3 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed DEC 3 1951

EBB 12 873

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 A. C. Hill

Licensed Embalmer No. 3090

P. O. Address Stater 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.