

FILED FEB 14 1952
REGISTER # 98934

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3533

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>037</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS, MO.</u>			c. LENGTH OF STAY (In this place) <u>9</u> days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DeSOTO,</u>			<u>0500</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>R.R.# 2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u>		b. (Middle) <u>W.</u>		c. (Last) <u>DURAIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-1-52</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>2-27-88</u>		9. AGE (In years last birthday) <u>63</u> IF UNDER 1 YEAR Months Days IF UNDER 2 Wks. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>IOWA CITY, IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOSEPH DURAIN</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>PEARL DURAIN</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WWI</u>		16. SOCIAL SECURITY NO. <u>489 24 7471</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA HOSPITAL RECORDS, JEFF. BKS, MO.</u>			
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) <u>CORONARY THROMBOSIS</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>420.0</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ m.		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 <u>12-23-51</u> , 19 <u>51</u> , to <u>1-1-52</u> , 19 <u>52</u> , that I saw the deceased <u>alive and conscious at 10:35 P.M.</u> , and that death occurred at <u>10:35 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E.C. O'BRIEN</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>VA HOSPITAL, JEFF. BKS, MO.</u>		23c. DATE SIGNED <u>1-2-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>11</u>		24b. DATE <u>Jan 5 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Park</u>		24d. LOCATION (City, town, or county) (State) <u>DeSOTO, MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>JAN 4 1952</u>		REGISTRAR'S SIGNATURE <u>Robert R. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DIETRICH FUNERAL HOME, DeSOTO, MO.</u>			

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

4000

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Donald B. Dutcher

Signed _____
Student Embalmer

Licensed Embalmer No. 4104

P. O. Address Seabrook, 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.