

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10-48

FILED JUL 7 1952

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5996 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PUTNAM</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>RURAL UNION TOWNSHIP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>RURAL UNION TOWNSHIP</u> <u>0860</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u> <u>UNIONVILLE,</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>AMY</u>	b. (Middle) <u>CATHARINE</u>	c. (Last) <u>DURBIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 29, 1952</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUGUST 23, 1855</u>	9. AGE (In years last birthday) <u>96</u>	10. UNDER 1 YEAR (Months) (Days) <u>10 6</u>	11. UNDER 24 HRS. (Hours) (Mins.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>TUSCARAWAS COUNTY, OHIO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>BENJAMIN NORRIS</u>	13b. MOTHER'S MAIDEN NAME <u>PHEBE MERCER</u>	14. NAME OF HUSBAND OR WIFE <u>F. P. DURBIN</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. RUTH McCALMENT</u> ADDRESS <u>UNIONVILLE, MO.</u>
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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 <u>36 hours</u> <u>?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremic Toxaemia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio Renal Disease</u> DUE TO (c) <u>Serility</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>442X</u>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 6-26, 1952, to 6-29, 1952, that I last saw the deceased alive on 6-28, 1952, and that death occurred at 1:10 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Arthur Edwards, M.D.</u> (Degree or title)	23b. ADDRESS <u>Unionville, Mo.</u>	23c. DATE SIGNED <u>7-1-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JULY 1, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNION CHURCH CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>PUTNAM COUNTY, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>7-3-52</u>	REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John N. Comstock</u> ADDRESS <u>COMSTOCK FUNERAL HOME UNIONVILLE, MO.</u>
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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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John N. Comstock
Licensed Embalmer No. 3891
P. O. Address Unionville, 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.