

## STANDARD CERTIFICATE OF DEATH

State File No. **29140**

FILED AUG 31 1953

BIRTH NO.		REG. DIST. NO. <b>169</b>		PRIMARY REG. DIST. NO. <b>5609</b>		Registrar's No. <b>30</b>	
1. PLACE OF DEATH a. COUNTY <b>Johnson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rose Hill Twp</b>		c. LENGTH OF STAY (In this place) <b>8 mo</b>		c. CITY OR TOWN <b>Holden</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>At Home, Rose Hill Twp.</b>				e. STREET ADDRESS (If rural, give location) <b>Route #4, Holden, Missouri</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>William</b>		b. (Middle) <b>Clarence</b>		c. (Last) <b>Durbin</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 14, 1953</b>		5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>March 2, 1884</b>		9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR Months <b>5</b>		IF UNDER 24 HRS. Days <b>12</b> Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>rented farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Christian Co. Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>Hiram Joseph Durbin</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Simons</b>		14. NAME OF HUSBAND OR WIFE <b>Lucy Hilda Durbin</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>XXX</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Hucy Hilda Durbin, Holden, Missouri</b>			
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) <b>Hypostatic Pneumonia</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Carcinoma of Prostate</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>177X</b>				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) (Min.)		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 <b>March 15, 1953</b> , to <b>Aug 14, 1953</b> , that I last saw the deceased alive on <b>Aug 12, 1953</b> and that death occurred at <b>8:49 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>A. W. Moulton</b>		23b. ADDRESS <b>Holden, Mo</b>		23c. DATE SIGNED <b>8-16-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>8/17/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Holden, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Aug 18, 1953</b>		REGISTRAR'S SIGNATURE <b>Mrs. J. Redford</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Canaday &amp; Ropp, Holden, Missouri.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

0510

RECEIVED  
AUG 25 1953  
JOHNSON COUNTY HEALTH DEPT.

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.....  
Signature of Student Embalmer

Signed *M J Canada*.....

Licensed Embalmer No. *3434*.....

P. O. Address *Hellen, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.