

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

7495

State File No.

FILED MAR 1 1954

BIRTH NO. REG. DIST. NO. 937 PRIMARY REG. DIST. NO. 4497 Registrar's No. 9

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

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ETTA</u>	b. (Middle) <u>H.</u>	c. (Last) <u>DURHAM</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>FEB 20 1954</u>

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>SEPT 16 1864</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPING</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>	11. BIRTHPLACE (State or foreign country) <u>MACON COUNTY MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>LEWIS LISTER</u>	13b. MOTHER'S MAIDEN NAME <u>PATTON</u>	14. NAME OF HUSBAND OR WIFE <u>R.A. DURHAM</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>JOHN DURHAM</u>	ADDRESS <u>CLARENCE 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute circulatory collapse</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary occlusion</u>		<u>1 yr</u>
	DUE TO (c) <u>arteriosclerosis</u>		<u>120</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>myocardial insufficiency</u>			<u>20 yrs.</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) m.	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 12-4 1952, to 2-20 1954, that I last saw the deceased alive on 2-17 1954, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>2 D.O.</u>	23b. ADDRESS <u>Clarence, MO</u>	23c. DATE SIGNED <u>2-20-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-22-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BETHLEHAM</u>	24d. LOCATION (City, town, or county) (State) <u>MACON COUNTY MO</u>
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DATE REC'D BY LOCAL REG. <u>2-27-54</u>	REGISTRAR'S SIGNATURE <u>Ada Garrison</u>	419	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles V. Young</u>	ADDRESS <u>Clarence, MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

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 Charles V. Greening

Licensed Embalmer No. 4425

P. O. Address Clarence St.

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.