

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8046**
1134

BIRTH NO. **FILED MAR 31 1954** REG. DIST. NO. **393** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1134**

1. PLACE OF DEATH
a. COUNTY **CLAY**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI** b. COUNTY **CLAY**

b. CITY (If outside corporate limits, write RURAL, and give township)
OR TOWN **KANSAS CITY NORTH 30YRS**

c. CITY OR TOWN **KANSAS CITY NORTH**
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **4408 NORTH KELSEY RD**

e. STREET ADDRESS (If rural, give location) **4408 NORTH KELSEY ROAD 5068**

3. NAME OF DECEASED
a. (First) **JAMES** b. (Middle) **OSWELL** c. (Last) **DURHAM**

4. DATE OF DEATH (Month) (Day) (Year) **3-12-54**

5. SEX **MALE**

6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**

8. DATE OF BIRTH **JUNE 14 1897**

9. AGE (In years last birthday) (Specify) **56**
If UNDER 1 YEAR: Months Days
If UNDER 1 HRs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOISTING ENGR**

10b. KIND OF BUSINESS OR INDUSTRY **CONSTRUCTION**

11. BIRTHPLACE (City and State or Foreign Country) **Haddam KANSAS**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **IRDA DURHAM**

13b. MOTHER'S MAIDEN NAME **DORA MARSHALL**

13c. NAME OF HUSBAND OR WIFE **BESSIE DURHAM**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **YES WW I - WW II**

16. SOCIAL SECURITY NO. **446-03-0346**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **MRS BESSIE DURHAM H.C.N. 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 Occlusion**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
4201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **O. S. Fata** (Degree or title) **Coroner**

23b. ADDRESS **13 North Kansas City Mo**

23c. DATE SIGNED **3/13/54**

24a. BURIAL CREMATION REMOVAL (Specify) **BURIAL**

24b. DATE **3-15-54**

24c. NAME OF CEMETERY OR CREMATORY **HOLTON CEMETERY**

24d. LOCATION (City, town, or county) (State) **HOLTON KANSAS**

DATE REC'D BY LOCAL REG **3-13-54**

REGISTRAR'S SIGNATURE **Seraldine Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Newcomers' Sons 832 Armorel Rd**

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.....
Signature of Student Embalmer

Signed..... *John W. Beck*

Licensed Embalmer No. *49*

P. O. Address *North Lans*

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.