

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **29969**
Registrar's No. **275**

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		State File No. 29969	
1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Shelby			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton, Mo.		c. LENGTH OF STAY (In this place) 2 mo-21 da		c. CITY OR TOWN Emden,		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 State Hospital #1, Fulton, Mo				e. STREET ADDRESS (If rural, give location) none			
3. NAME OF DECEASED (Type or Print)		a. (First) R.		b. (Middle) Chester		c. (Last) Durrett	
4. DATE OF DEATH (Month) (Day) (Year) September 29, 1954.		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH January 19, 1869.		9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months 8 Days 10		IF UNDER 24 Hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY none none		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Richard Durrett.		13b. MOTHER'S MAIDEN NAME Pauline Gunton		14. NAME OF HUSBAND OR WIFE Mrs. Pearl Durrett.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) D.K. D.K.		16. SOCIAL SECURITY NO. D.K.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records of State Hospital #1, Fulton, 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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease. 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. Operated for a malignant ulcer on right side of face August 19, 1954				INTERVAL BETWEEN ONSET AND DEATH many years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Malignant growth of face. Removed by surgery 8-19-54.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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) none		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 July 12, 1954 , to Sept. 29, 1954 , that I last saw the deceased alive on Sept. 29, 1954 , and that death occurred at 4:30A m. , from the causes and on the date stated above.							
23a. SIGNATURE Frank J. Nichols				(Degree or title) M.D.		23b. ADDRESS State Hospital #1, Fulton, Mo.	
23c. DATE SIGNED 9-29-1954		24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Oct. 1-1954		24c. NAME OF CEMETERY OR CREMATORY Emden cemetery	
24d. LOCATION (City, town, or county) (State) Emden Mo		DATE REC'D BY LOCAL REG. Sept. 29-1954		REGISTRAR'S SIGNATURE Maritta Lawrence		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wallace Funeral Home Fulton, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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 *Wallace Funeral Home*.....

Licensed Embalmer No. *2726*.....

P. O. Address *Fulton*.....

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.