No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 20 1954

State File No. 30247

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5440 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY: GASCONADE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL (Clay Township)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): near family home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: GASCONADE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL (Clay Township) 0370
d. STREET ADDRESS (If rural, give location): 0 0

3. NAME OF DECEASED (Type or Print)
a. (First): CLINTON
b. (Middle): E.
c. (Last): DURBIN

4. DATE OF DEATH (Month) (Day) (Year): SEPT 7th 1954

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 2nd 1886
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: rail road
11. BIRTHPLACE (City and State or Foreign Country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: 0

13a. FATHER'S NAME: Edward Durbin
13b. MOTHER'S MAIDEN NAME: Elizabeth Crider
14. NAME OF HUSBAND OR WIFE: Lula (Tyre) Durbin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 500-09-9154
17. INFORMANT'S SIGNATURE OR NAME: Paarl Durbin, (daughter) — ADDRESS: Bland 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Symptoms: Apoplexy

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): (Found dead on private
DUE TO (c): Road - No signs of

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
External injury)

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 334 X
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.): 1/2 - SW of BLAND
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Clay Twp Gasconade Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9 - 7 - 54 About 11 A m.
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 (Degree or title): Hugo H. Bruner — CORONER
23b. ADDRESS: Hermann Mo
23c. DATE SIGNED: 9/7/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 10 54
24c. NAME OF CEMETERY OR CREMATORY: Union Cemetery
24d. LOCATION (City, town, or county) (State): Bland Mo.

DATE REC'D BY LOCAL REG.: September 16, 1954
REGISTRAR'S SIGNATURE: Mrs. Marvin Tappmeyer 493-
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Sassman Funeral Home, Chester Sassman, Bland 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 .....
Student Embalmer

Signed Chester Jasmer

Licensed Embalmer No. 4178

P. O. Address Bland-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.