

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3797

State File No.

FILED MAR 8 1955

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 17

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

1. PLACE OF DEATH a. COUNTY <u>ATCHISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ATCHISON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>FAIRFAX</u>	c. LENGTH OF STAY (in this place) <u>51 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL (POLK TWP) 0030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FAIRFAX COMMUNITY Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>NONE.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>AGNES</u> b. (Middle) <u>BELLE</u> c. (Last) <u>DUREN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-2-1955</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>12-11-1904</u>	9. AGE (In years last birthday) <u>50</u> <input type="checkbox"/> UNDER 1 YEAR Months <u>1</u> Days <u>22</u> <input type="checkbox"/> UNDER 1 HR. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARM HOME</u>	11. BIRTHPLACE (State or foreign country) <u>ATCHISON COUNTY, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>KID MYERS</u>	13b. MOTHER'S MAIDEN NAME <u>OLLIE BENTLEY</u>	14. NAME OF HUSBAND OR WIFE <u>ELI DUREN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eli Duren, Watson, Mo.</u>	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>0 mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>METASTATIC TUMOR OF BRAIN</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARCINOMA OF BREAST</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) <u>170X</u>
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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?
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22. I hereby certify that I attended the deceased from 5-31, 1951, to 2-3, 1955, that I last saw the deceased alive on 2-3, 1955, and that death occurred at 2:40A m., from the causes and on the date stated above.

23a. SIGNATURE <u>James Coffey</u>	443 (Degree or title) <u>MD</u>	23b. ADDRESS <u>Fairfax, MO</u>	23c. DATE SIGNED <u>3-1-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-5-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HIGH CREEK CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>WATSON MO.</u>
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DATE REC'D BY LOCAL REG. <u>Mar 4, 1955</u>	REGISTRAR'S SIGNATURE <u>Harold N. Schooler</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BARTHOLOMEW MORTUARY, BARK PORT MO.</u>	ADDRESS
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DEPT OF HEALTH & HUMAN SERVICES
DIVISION OF HEALTH CARE REGULATION

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 *Grady Buschbaum*

Licensed Embalmer No. 3173

P. O. Address *Rock Post. Ms*

(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.