

FILED JUN 16 1955

STANDARD CERTIFICATE OF DEATH

17855

State File No. 3607
Registrar's No. 351

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3607

351

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.		Registrar's No.						
1. PLACE OF DEATH a. COUNTY Butler					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Butler									
b. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff			c. LENGTH OF STAY (In this place) Days		c. CITY OR TOWN Poplar Bluff			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 Dr's Hospital					e. STREET ADDRESS (If rural, give location) Poplar Bluff Mo. Rt. 3									
3. NAME OF DECEASED (Type or Print) Odell			a. (First)		b. (Middle)		c. (Last) Duren		4. DATE OF DEATH June 4, 1955					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 20, 1880		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 60 MIN. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Ill.			12. CITIZEN OF WHAT COUNTRY? US					
13a. FATHER'S NAME Jantus Duren			13b. MOTHER'S MAIDEN NAME Anzy Johnson			14. NAME OF HUSBAND OR WIFE Minnie Duren								
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. 499-03-4069			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Claud Mack Greenway Ark								
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			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Embolus										minutes				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Phlebotrombosis										hour				
DUE TO (c) Myelocytic Leukemia										Several Wks?				
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 2041								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
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) (Min.)		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 6-2, 1955 , to 6-4, 1955 , that I last saw the deceased alive on 6-2, 1955 , and that death occurred at 9 p. m. , from the causes and on the date stated above.														
23a. SIGNATURE <i>[Signature]</i>					23b. ADDRESS Poplar Bluff, Mo			23c. DATE SIGNED 6-10-55						
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE June 7, 1955		24c. NAME OF CEMETERY OR CREMATORY Woodland Heights			24d. LOCATION (City, town, or county) (State) Rector Ark							
DATE REC'D BY LOCAL REG. 6/11/55		REGISTRAR'S SIGNATURE <i>[Signature]</i>			25. FUNERAL DIRECTOR'S SIGNATURE W. H. Irby			ADDRESS Rector Ark						

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

RECEIVED
JUN 13 1955
BUTLER CO. HEALTH CENTER
FILE No. _____

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..... *Don M. Bude*

Licensed Embalmer No. _____

P. O. Address *_____*

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.