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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20936

State File No. _____

FILED JUL 27 1955

BIRTH NO. 41577-55 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 204

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Ada</u> <u>8140</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirksville</u> <u>0</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>New London</u>	8
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K. O. H.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Debora</u> b. (Middle) <u>Louise</u> c. (Last) <u>Durham</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 21, 1955</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>July 14, 1955</u>	9. AGE (In years last birthday) <u>0</u> <u>7</u>	IF UNDER 1 YEAR <u>0</u> <u>7</u>	IF UNDER 24 HRS. <u>0</u> <u>7</u>	IF UNDER 15 MIN. <u>0</u> <u>7</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kirksville, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Manford Vancil Durham</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Lou Patterson</u>	14. NAME OF HUSBAND OR WIFE <u>X</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>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Manford V. Durham, New London Iowa</u>	ADDRESS <u>Iowa</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thymic death</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.		
	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 <u>273X</u>	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)
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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 July 14, 1955, to July 21, 1955, that I last saw the deceased alive on July 21, 1955, and that death occurred at 1:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Howard R. Ware, D.O. 2</u>	23b. ADDRESS <u>Kirksville, Mo.</u>	23c. DATE SIGNED <u>7/22/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/23/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Varrow Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Adair County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-22-55</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Paul W. Riley</u>	ADDRESS <u>Kirksville, Mo.</u>
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(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

George W. Davall

Licensed Embalmer No. *4799*

P. O. Address *Kingsville, W.*

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.