

No. 300  
10-48

FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36820**  
**4918**

BIRTH NO.		REG. DIST. NO. <b>149</b>	PRIMARY REG. DIST. NO. <b>1002</b>	Registrar's No. <b>4918</b>
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	c. LENGTH OF STAY (in this place) <b>4 days</b>	c. CITY OR TOWN <b>CASHLAND</b>	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 <b>OSTEOPATHIC HOSPITAL</b>		* STREET ADDRESS (If rural, give location) <b>Box 6618</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>ETHEL</b>		b. (Middle)	c. (Last) <b>DURHAM</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 14, 1955</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JAN. 28, 1911</b>	9. AGE (In years last birthday) <b>44</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>VERONIA, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>FRED S. BRECHUNIER</b>		13b. MOTHER'S MAIDEN NAME <b>FRANCES MUSE</b>	14. NAME OF HUSBAND OR WIFE <b>KYLE DURHAM</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MR. KYLE DURHAM CASHLAND Mo.</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneumonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Metastatic adenocarcinoma to Lungs</b> DUE TO (c) <b>Primary Adenocarcinoma of the Sigmoid.</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>metastatic adenocarcinoma to Liver.</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>153+</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>4:15A</b> m., from the causes and on the date stated above.				
23a. SIGNATURE <b>D. A. Hoskins</b> (Degree or title) <b>D. A. Hoskins D.O. Pathologist</b>		23b. ADDRESS <b>Independence Ave 2105 Kansas City Mo.</b>	23c. DATE SIGNED <b>11-14-55</b>	
24a. BURIAL CREMATION (REMOVAL) (Specify) <b>BURIAL</b>	24b. DATE <b>Nov. 14, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>AURORA MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>11-14-55</b>	REGISTRAR'S SIGNATURE <b>Nevar Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>A. W. Newcomer 1331 South Creek St. Mo.</b>		

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

(Licensed Embalmer's Statement on Reverse Side)

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 *Albert L. Savage*

Licensed Embalmer No. *48*

P. O. Address *Kansas*

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.