

FILED JUL 10 1956

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19509**

BIRTH NO. _____ REG. DIST. NO. **11** PRIMARY REG. DIST. NO. **5043** Registrar's No. **45**

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) - a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Sugar Creek)		c. LENGTH OF STAY (in this place) 3 yrs.	c. CITY OR TOWN Seligman
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 2050	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) WESLEY c. (Last) DURHAM		4. DATE OF DEATH (Month) (Day) (Year) JULY 1, 1956	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 12-25-1867
9. AGE (In years last birthday) 88		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming	10b. KIND OF BUSINESS OR INDUSTRY farm
11. BIRTHPLACE (City and State or Foreign Country) Piedmont, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Andrew Jackson Durham	13b. MOTHER'S MAIDEN NAME Mary Ann Daniels	14. NAME OF HUSBAND OR WIFE Martha Icelon Durham
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE AND ADDRESS Mrs. Ella Mae Mitchell-Seligman, 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, asphyxia, 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) Uremia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute interstitial nephritis DUE TO (c) Arterio Sclerosis		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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)	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 **June 25, 1956, to July 1, 1956**, that I last saw the deceased alive on **7-13, 1956**, and that death occurred at **9:25 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. R. Brown M.D.	23b. ADDRESS Seligman Mo.	23c. DATE SIGNED 7/1/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 7-2-1956	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Willow Springs, Missouri
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DATE REC'D BY LOCAL REG. July 1-56	REGISTRAR'S SIGNATURE Grace Williams	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Paul D. Schubert GULYER FUNERAL HOME-CASSVILLE, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 756-119

DATE REC. 7-9-56

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....*Paul D. Hubert*.....

Licensed Embalmer No...*45*..

P. O. Address...*Cassville*..

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.