

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037374

STATE FILE NUMBER

8

278

3054

Registrar's No. 148

HMFU OCT 22 1958 Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri , COUNTY Ralls	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lousiana, Mo.		c. CITY OR TOWN Center Township.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike Co. Hospital		d. STREET ADDRESS (If outside, give location) Center, Mo. R.F.D.	
3. NAME OF DECEASED (Type or print) First SILAS Middle ANDREW Last DURBIN		4. DATE OF DEATH Month Oct Day 10 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/> 2	8. DATE OF BIRTH June 10, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Ralls Co, Missouri.
13. FATHER'S NAME Phillip Misner, Durbin		14. MOTHER'S MAIDEN NAME Amanda Painter	
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. None	
17. INFORMANT George Misner, Center, Mo.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia DUE TO (b) Congestive Heart Disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 2nd degree Burns approx 16% to Body			INTERVAL BETWEEN ONSET AND DEATH 36 hr.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 2nd degree Burns approx 16% to Body		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from Oct 6, 1958 to Oct 10, 1958 and last saw her alive on Oct 10, 1958 Death occurred at 8:10 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) David L. Bilyea D.O.		22b. ADDRESS 220 N 5th Louisiana Mo	
22c. DATE SIGNED 10/14/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-11-1958	23c. NAME OF CEMETERY OR CREMATORY olivet Cemetery.	23d. LOCATION (City, town, or county) (State) Center, Missouri.
24. FUNERAL DIRECTOR Elysee. wisney		25. DATE RECD. BY LOCAL REG. Oct 14-58	26. REGISTRAR'S SIGNATURE Bernice Collier

(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..... *Clyde*

Licensed Embalmer No. *34*

P. O. Address *Henry*

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