

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010621
STATE FILE NUMBER

FILED APR 15 1959

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 1347

41
300
1-57

| | | | | | |
|---|----------------------------------|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>St. Francois</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Farmington</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Farmington</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Length of stay in 1b | d. STREET ADDRESS <u>108 Dunkirk</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u>Francis</u> Last <u>Durban</u> | | | 4. DATE OF DEATH Month <u>April</u> Day <u>10</u> Year <u>1959</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>June 21, 1904</u> | 9. AGE (In years last birthday) <u>54</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> |
| 10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Lead Company</u> | 11. BIRTHPLACE (City and state or country) <u>Washington Co. Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>Mathew H. Durban</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sophia DeClue</u> | | 14. NAME OF HUSBAND OR WIFE <u>Wife Ethel Durban</u> | |
| 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>498-10-5917</u> | 17. INFORMANT Address <u>Mrs. Ethel Durban, Farmington, Mo.</u> | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u> | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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.) <u>4201</u> | | |
| 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 _____ to _____ and last saw her/him alive on <u>never saw alive</u> . Death occurred at <u>9:00 A</u> m on the date noted above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>Alvan G. Karakun MD</u> | | | 22b. ADDRESS <u>Farmington, Mo</u> | | 22c. DATE SIGNED <u>Apr 11 '59</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>4/12/1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Mem. Park</u> | | 23d. LOCATION (City, town, or county) (State) <u>St. Francois Co. Missouri</u> |
| 24. FUNERAL DIRECTOR <u>C.Z. Bover & Son</u> | | | 25. DATE RECD. BY LOCAL REG. <u>Apr. 11, 1959</u> | 26. REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MS NOV 30 1960

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 *B. T. Boyer*

Licensed Embalmer No. 3660

P. O. Address... Desloge, Missouri

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.