

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 13 1959

59-031354

STATE FILE NUMBER

Registration District No. 2 Primary Registration District No. 5006 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY ANDREW		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ANDREW	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FILLMORE		c. CITY OR TOWN FILLMORE	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First FRANK Middle EUGENE Last DURHAM			4. DATE OF DEATH Month October Day 1 Year 1959		
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/12/79	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired grocer		10b. KIND OF BUSINESS OR INDUSTRY grocery store		11. BIRTHPLACE (City and state or country) Greenleaf, Kansas	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Edwin Durham		13b. MOTHER'S MAIDEN NAME Cornelia Davison	
14. NAME OF HUSBAND OR WIFE Beatrice Durham		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.	
17. INFORMANT Glenn Durham, Fillmore, Missouri		17. ADDRESS			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Art rio-sclerotic heart disease with congestive failure		18 mos.
DUE TO (b) Art rio-sclerotic heart disease		10 yrs.
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____
21. I attended the deceased from 1-16-58 to 12-1-59 and last saw ^{her} him alive on 11-25-58 Death occurred at 12:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>William C. Bahr MD</i> (Type or title)		22b. ADDRESS Savannah, Missouri	22c. DATE SIGNED 10-3-59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10/4/59	23c. NAME OF CEMETERY OR CREMATORY Fillmore Cemetery	23d. LOCATION (City, town, or county) (State) Fillmore, Missouri
24. FUNERAL DIRECTOR BREIT FUNERAL HOME, SAVANNAH	ADDRESS	25. DATE RECD. BY LOCAL REG. 10-3-59	26. REGISTRAR'S SIGNATURE <i>William Bahr</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

12 100

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James P. Hawken

Licensed Embalmer No. 4536

P. O. Address Savannah

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.