

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-037341**

**FILED VS. OCT 27 1959 316**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. H-02

ENDED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St Francois</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Wayne</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Farmington - RURAL</u> Length of stay in 1b <u>9 Days</u>			c. CITY OR TOWN <u>Williamsville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital #4</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>None</u>		
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>Charley Edward Durrrow</u>				<b>4. DATE OF DEATH</b> Month Day Year <u>Oct 16 1959</u>			
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>Oct 3 1912</u>	<b>9. AGE (last birthday)</b> <u>47</u>	IF UNDER 1 YEAR Months <u>13</u> Days _____ Hours _____ Min. _____	IF UNDER 24 HR Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____		<b>11. BIRTHPLACE</b> (City and state or country) <u>Wayne Co. Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>George Durrrow</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Myrtle Frederick</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Juanita Smith Durrrow</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>489-18-4664</u>	<b>17. INFORMANT</b> Address <u>Mrs Juanita Durrrow Williamsville, Mo.</u>				
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Brain tumor - - - - -</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>abt. 4 mos.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)					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		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)					
<b>20c. TIME OF INJURY</b> Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>	<b>STATE</b>
<b>21. I attended the deceased from</b> <u>Oct. 9, 1959</u> <b>to</b> <u>Oct. 16, 1959</u> <b>and last saw him alive on</b> <u>Oct. 16, 1959</u> Death occurred at <u>3:40 A. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Degree or title) <u>John W. Brennan M.D.</u>			<b>22b. ADDRESS</b> <u>State Hospital No. 4 Farmington, Mo.</u>		<b>22c. DATE SIGNED</b> <u>10-20-59</u>		
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>23b. DATE</b> <u>10-18-59</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Rooker Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Wayne Co. Mo.</u>			
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>William Edna ... Mo.</u>			<b>25. DATE RECD. BY LOCAL REG.</b> <u>Oct 20, 1959</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Esther Rudloff</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Cedar Funeral Home, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William Cook

Licensed Embalmer No. 3723

P. O. Address Redmont, Va.

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.