

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 40034605 STATE FILE NUMBER

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

PLACE OF DEATH
a. COUNTY Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)
Jefferson City

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cole

c. CITY OR TOWN Jefferson City

Inside Limits
Yes No

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Memorial Hospital

Inside Limits
Yes No

d. STREET ADDRESS (If outside, give location)
126 Boonville Road

Reside on Farm
Yes No

3. NAME OF DECEASED (Type or print)
First Middle Last
MRS. ABBIE JUANITA DURHAM

4. DATE OF DEATH
Month Day Year
October 6, 1964

5. SEX
Female

6. COLOR OR RACE
White

7. Married Never Married
Widowed Divorced

8. DATE OF BIRTH
8-31-1900

9. AGE (last birthday)
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.
64 1 6

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife --- Retired School Teacher

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Elston, Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME
Lee Alexander

13b. MOTHER'S MAIDEN NAME
Etta Mae Echenberger

14. NAME OF HUSBAND OR WIFE
Otis O. 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.
No

17. INFORMANT Address
Mr. O.O. Durham, 126 Boonville Rd., J.C., Mo.

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)
DUE TO (b)
DUE TO (c)

Toxemia of malignancy
Multiple myeloma
Unknown Cause

2 mos.
18 mos
—

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Extensive carcinoma of ovary (?) & invasion of uterus & rectum;
Hypertension Rt. kidney and water. Coelexia

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED?
YES NO

20a. ACCIDENT SUICIDE HOMICIDE

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 NOT WHILE AT WORK

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 October, 1946 to Oct. 6, 1964 and last saw her alive on Oct. 5, 1964
Death occurred at 140 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
D. Donald Shull M.D.

22b. ADDRESS
521 E High Jefferson City, Mo

22c. DATE SIGNED
Oct. 6, 1964

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
Oct. 8, 1964

23c. NAME OF CEMETERY OR CREMATORY
Centertown Cemetery

23d. LOCATION (City, town, or county) (State)
Centertown, Mo.

24. FUNERAL DIRECTOR ADDRESS
Buescher Memorial, Jefferson City, Mo.

25. DATE RECD. BY LOCAL REG.
7 October, 1964

26. REGISTRAR'S SIGNATURE
Theresa E. Richter

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500721

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FEB 8 1965

STATEMENT BY LICENSED EMBALMER

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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by BARBARA J. BUESCHER, Student Embalmer No. 721
working under my personal supervision.

Student Barbara J. Buescher
Signature of Student Embalmer

Signed Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn, Mo

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.