

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033804

FILED VS OCT 3 1960

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 550

DED

1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cole</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in 1b <u>18 days</u>		c. CITY OR TOWN <u>Jefferson City</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>University of Mo. Med. Center</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1224 W. High</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Clelle</u> Middle <u>Emery</u> Last <u>Durham</u>				4. DATE OF DEATH Month <u>9</u> Day <u>29</u> Year <u>1960</u>					
5. SEX <u>M</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>8-22-87</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>3</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>State Highway Dept.</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>United States</u>		
13a. FATHER'S NAME <u>Joseph S. Durham</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret M. Shull</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Durham</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>492-36-8435</u>		17. INFORMANT <u>Hospital Record Medical Center</u>			Address <u>Columbia, 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>vascular colapse</u>							INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Necrotizing pneumonia</u>							
		DUE TO (c) <u>undifferentiated carcinoma (L) lung</u>							
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 checked="" type="checkbox"/> NO <input 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 <u>3:30 pm</u> Month, Day, Year <u>30 Aug '60</u>									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 <u>30 Aug '60</u> to <u>29 Sept '60</u> and last saw <sup>her</sup> him alive on <u>29 Sept. '60</u> Death occurred at <u>3:30 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>J. R. Ellis M.D.</u> (Degree or title)				22b. ADDRESS <u>U. of Missouri Medical Center</u>				22c. DATE SIGNED <u>29 Sept 60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>9-30-60</u>	23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State) <u>Jefferson City Mo</u>			
24. FUNERAL DIRECTOR <u>Victor Buescher</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>Sept 30 1960</u>		26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS OCT 10 1960 SA

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 Victor Buesch

Licensed Embalmer No. 370

P. O. Address g.c. 37

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.