SSOUF	RI I	D۱۱	VIS	ION OF HE	ALTH -	STAND	ARD CE	RTIF	CATE C	OF DEATH	40		<u>61-03</u>	6338
	J	6 ں۔ اڑ	Re	gistration District No.		7.7Prim	ary Registration	District	No. 501	6 Registrar's N	.218		STATE FILE NU	JMBER
AMEND	DED	_[		PLACE OF DEATH	<del>- 6 1961</del>								16 :	<u> </u>
<u>el l</u>	19/6		1.	a. COUNTY	Cole					11	ssouri b. C		Cole	Residence before admission)
AMENDED		ı		b. CITY (If outside		, give TOWNS	HIP only)	Length	of stay in 1b	c. CITY OR		•		Inside Limits
₹		ı		OR TOWN	Jeffers	on City	7			TOWN	Jeffers	on Ci	ty	Yes 🛣 No 🗅
Ճ	2	L		c. FULL NAME OF (	If NOT in hosp	ital, give locat	ion)		Inside Limits	d. STREET ADDRESS			ive location)	Reside on Farm
DAIE.	11/			INSTITUTION	712 Wes	t McCar	ty		Yes 🔁 No 🗌		712 Wes	st McC	arty	Yes No 🛣
	and 76	cord	3	NAME OF DECEAS (Type or print)	ED	First		Middle	····	Lost	4. DATE OF	Mon	• •	Year
			_		<del></del>	LAWRENCE			DURHAM		DEATH	Octo	be <b>r 30, 1</b>	961
		ö	5	SEX	6. COLOR	OR RACE	7. Married Widowed		ver Married ☐ ☐ Divorced	8. DATE OF BIRT	9. AGE (las	birthday)	Mooths Days	R IF UNDER 24 HR
				Male		ite			S OR INDUSTI	7-30-100	罗 7	77	3	
		ပ္စ	10	<ul> <li>USUAL OCCUPATION</li> <li>during most of work</li> </ul>			106. KIND OF	BUSINES	S OK INDUSTI		(City and state of			WHAT COUNTRY
11		လ	-12	Retired Father's Name			1125 4	OTHER'S	MAIDEN NAM		wn, Miss		USA USBAND OR WIFE	<del></del>
	50	၁၀					[ ]							
	88		15	Joseph Dur	PER IN IIS AP	MED FORCES?	<u>Ma</u>	rgar OCIAL S	et Shul	.L. 17. INFORMANT	на		ae Durham	
		Ω	(Ye	s, no, or unknown)	If yes, give w		ervice)				- D			T C Wol
11	O	_1		NO I	NO TH (Enter only	one cause per			4542	Mrs Hatti	e Durnam	712 W		ITERVAL BETWEEN
				PART	I. DEATH WA	S CAUSED BY:	,-,, ,-,	, ,.,.	_	, , ,		1		NSET AND DEATH
5	-   ⊳	§			IMMED).	ATE CAUSE (a)		my	scarde	el ufor	elion, n	aggu		<u> 2 mm</u>
	욹	noog Doog					,	a "		<b>*</b> 0				150
		<b>~</b> ]		which	gave rise to	DUE TO (b	) <del></del>	<u></u>	men	allerose	e-sord			15 years
		1		statin	cause (a), } the under-}		. /	<b>o</b> .	~ ``	, <del>, , , ,</del> ,			Į.	D 13 a
TT	77		_		cause last. J	DUE TO (c		Jens	TING TO DEA	TH but not related	racke mou	1 DADE	II. If deceased	occ years
			5	01	disease cor	ndition given i	n PART i (a)	A I KIDU	IING IO DEA	in but not related	to the terminal	PARI		was female was incy in last 90 days
			₫	Beleten	el Love	- Exptrem	ity any	utee	- arter	rosclantic	gangree.	724	□ Yes □	No Unknown
			CERTIF	19. WAS AUTOPSY PERFORMED?	20a. ACCID	ENT SUICIDE	HOMICIDE	· 20b	. DESCRIBE HO	OW INJURY OCCURR	60. (Enter nature	of it free	PART I or PART II	of item 18.)
		ı		YES NO	"	U							7.	
	الج	J	3	20c. TIME OF He		Day, Year	-		-		·			
	1884	rmant.	Š	p.(		1								_
			-	20d. INJURY OCCUI	RRED RK (		OF INJURY (e.			20f. CITY, TOWN,	OR LOCATION		COUNTY	STATE
			ŀ	WHILE AT WO	WÖRK 🗆				*		<del></del>			
	<u>%</u>	ង		21. I attended the	deceased from	100	12.19	46	, 10_ Oc	4.30,1961	and last saw him	live on	Oct 2	7.1961
2	1 1	4	- 1	Death occurred						he date stated above			rledge, from the c	auses stated.
SHOOLO	July	ᄔ	- 1	22a, SIGNATURE	<del></del>	(Degi	ree or title)			22b. ADDRESS			•	22c. DATE SIGNED
{	13	°I	Ì	(1/11)	100	20,00	ma			5218. A	Sich alle	en C	I mo	Box 21/1
11	1 1	5 I	23	BURIAL, CREMATIC	N, 236. DATE	mue _	23c. NAM	E OF CEA	METERY OR CR	1 17	23d. 10 10N	(City, town	or County)	(State)
z	6	PDA		BURIAL, CREMATIC REMOVAL (Specify) Burial	Nov 1	1,1961	Cent	erto	wn Ceme	terv	Center	town.	Missouri	
<u>ج</u> ا		AFF	24	UNERAL DIRECTO		ADD	RESS		25. PA	TE RECD. BY LOCAL		ISTRAR'S SI		7
<u> </u>	ω	ሕ		1, tolk	رگھ ہ ہ ہ	in 1	LIM	20	1/1/2	m. 1961	RAY	ا الرار الراط الما	ns Unhi	chter Kes
ı t	1 1	ı	<u>~</u>	- 100 pm			7 110	ensed Fn	nbalmer's State	ment on Reverse Sid	<u>41 W 9 GAS</u>	- wasef		<del></del>

## 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.	11-1-6
Student	Signed Vector Buescher
Signature of Student Embalmer	Licensed Embalmer No. 37p

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWELTING. (Failure to comply with the above constitutes grounds for revocation of license).

P. O. Address

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.