

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 43085

Registration District No. 304

Primary Registration District No. 4307

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Purdin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn  
(c) City or town Purdin  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 25th  
year 1940 hour 8 minute 30 A.M.  
21. I hereby certify that I attended the deceased from September  
1938 to Dec. 25, 1940  
that I last saw her alive on December 25, 1940  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Cora Belle Hisel

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive XXXX years

7. Birth date of deceased November 25 1874  
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 0 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Linn County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At home 0

11. Industry or business XXXXXXXX 0

12. Name George Baskett 0

13. Birthplace Sullivan Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Fields

15. Birthplace Linn Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. W.C. McEwige  
(b) Address Purdin, Missouri

17. (a) Burial (b) Date thereof 12/26/1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morris Chapel Cemetery

18. (a) Signature of funeral director Thomas W. Co

(b) Address Linn, Missouri

19. (a) 12-26-40 (b) U.C. Dryden  
(Date received local registrar) (Registrar's signature)

Immediate cause of death \_\_\_\_\_

Cerebral Thrombosis  
Due to \_\_\_\_\_

Arterial Hypertension  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 9:12  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

28. Signature Walter H. Thompson, M.D.  
(M.D. or other) \_\_\_\_\_

Address Purdin Mo Date signed 12/26/40

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. *2761*

P. O. Address *Linnest, 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 this body is not embalmed, above space should be left blank.**