

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16412A
Registrar's No. 73

Registration District No. 11

Primary Registration District No. 5039

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Purdy Rural - Butterfield
(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 _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Pearl May Short Purdom

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 married

6. (b) Name of husband or wife Commodore Purdom 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 13 1893
(Month) (Day) (Year)

8. AGE: Years 54 Months 3 Days 23 If less than one day hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Short

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

14. Maiden name Gillie H. Galloway

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

16. (a) Informant Commodore Purdom

(b) Address Purdy, Missouri

17. (a) Burial (b) Date thereof 5-5-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marionville, Missouri

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville, Missouri

19. (a) _____ (b) Grace Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Purdy
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd
year 1947 hour 3:45 minute A. M.

21. I hereby certify that I attended the deceased from May 29, 1946 to May 3, 1947.

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Metastatic Carcinoma

Due to _____

Carcinoma of the breast

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ PHYSICIAN _____

Of autopsy _____ Underline the cause to which death should be charged statistically.

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? _____

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

23. Signature Pearl Purdom (M. D. or other) _____

Address Marionville, Mo Date signed 5-26-47

BARRY COUNTY HEALTH UNIT,
CASSVILLE, MO.

NO. 854-83

DATE REC. 8-16-54

AUG 18 1954

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.....

Ruby Elkins....., Registered Apprentice No. 495
working under my personal supervision.

Signed J. E. Culver.....

Licensed Embalmer No. 3584

P. O. Address Cassville

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, fact should be so stated above.