

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14751**BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **78**

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Shamrock	
c. LENGTH OF STAY (in this place) 3 days			
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County Hospital		d. STREET ADDRESS (If rural, give location) 4 miles south of Martinsburg	
3. NAME OF DECEASED (Type or Print) a. (First) HARRY		b. (Middle) B	
c. (Last) PURVIS		4. DATE OF DEATH (Month) (Day) (Year) May 17 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH November 1, 1868
9. AGE (In years last birthday) 80		10. UNDER 1 YEAR (Hours) (Min.) 6 16 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer	
11. BIRTHPLACE (State or foreign country) Montgomery County, Mo		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME John Yelverton Purvis		13b. MOTHER'S MAIDEN NAME Elizabeth Coil	
14. NAME OF HUSBAND OR WIFE Gertrude Lail Purvis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Miss Harry Purvis		ADDRESS _____	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Nephritic ANTECEDENT CAUSES DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Adenoma prostate	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 442	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from May 14th 19 49 to May 17th 19 49 , that I last saw the deceased alive on MAY 17, 1949 , and that death occurred at 10:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Frank Jolley		23b. ADDRESS 117 E. Monroe, Mexico, Mo.	
23c. DATE SIGNED May 19, 1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/19/49	
24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery		24d. LOCATION (City, town, or county) (State) Callaway County Mo.	
DATE REC'D BY LOCAL REG. May 19-1949		REGISTRAR'S SIGNATURE Blanche Neely	
25. FUNERAL DIRECTOR'S SIGNATURE B. B. Kelly		ADDRESS W. B. Kelly, W. B. Kelly, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10. 48

RECEIVED

District Health Officer No. _____

District File Number 5499

Date Filed MAY 7 1948

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.

Student _____
Student Embalmer

Signed H. B. Hells

Licensed Embalmer No. 588

P. O. Address Hellsville, 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, fact should be so stated above.