

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18464

State File No. _____

FILED MAY 27 1949

BIRTH NO. _____		REG. DIST. NO. <u>392</u>		PRIMARY REG. DIST. NO. <u>6267</u>		Registrar's No. <u>22</u>		
1. PLACE OF DEATH a. COUNTY <u>Webster - Jackson T. Ship.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Eikland</u>		c. LENGTH OF STAY (In this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Eikland</u>		113		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>x</u>				d. STREET ADDRESS (If rural, give location) <u>x</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louie</u> b. (Middle) <u>D.</u> c. (Last) <u>Pursel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April-21-49</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept. 18-1888</u>		
9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months <u>x</u> Days <u>x</u>		IF UNDER 60 HOURS Hours <u>x</u> Min. <u>x</u>				
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Trucker</u>			10b. KIND OF BUSINESS/OR INDUSTRY <u>Truck & Bus</u>		11. BIRTHPLACE (State or foreign country) <u>Livingston County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Daniel Pursel</u>			13b. MOTHER'S MAIDEN NAME <u>Alice Crawford</u>			14. NAME OF HUSBAND OR WIFE <u>Nora Pursel</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>x</u>		16. SOCIAL SECURITY NO. <u>497-24-2421</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nora Pursel-Eikland-Missouri.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Jan. 2, 1949</u> <u>April 21, 1949</u>		
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>WPA</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Jan. 2, 1948</u> , <u>April 21, 1949</u> , that I last saw the deceased <u>alive on April 16, 1949</u> , and that death occurred at <u>11:50 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Name or title) <u>G. M. Bailey</u>				23b. ADDRESS <u>WPA</u>		23c. DATE SIGNED <u>April 22-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-23-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant View</u>		24d. LOCATION (City, town, or county) (State) <u>Webster County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4/26/49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		392		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Marshfield, Mo.</u>		

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

112
9

RECEIVED

District Health Officer No. 6.

District File Number 549-531

Date Filed 5-9-49

MAY 27 1949

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.

Signed Rex Rainey

Licensed Embalmer No. 31312

Signed _____
Student Embalmer

P. O. Address Marshfield, 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.