

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 20 1949

State File No. 31456

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 6008 Registrar's No. 199

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

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higbee Mo. Prairie	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higbee Mo. Prairie	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Sarah	b. (Middle) Margarette	c. (Last) Purdy	4. DATE OF DEATH Sept 8 1949 April 17 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Apr. 15 1872	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Boone Co. Mo. D	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Patrick Curduff	13b. MOTHER'S MAIDEN NAME Eliza Marcum	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs C. R. Lewis R. F. D. Higbee	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		1 hr
	*ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		10 years
DUE TO (c) rheumatoid Arthritis		11 20 1	20 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Sept 8, 1949**, to **Sept 9, 1949**, that I last saw the deceased alive on **Sept 9, 1949**, and that death occurred at **10:30 m.**, from the causes and on the date stated above.

23a. SIGNATURE W. Robinson J.D.	(Degree or title)	23b. ADDRESS Higbee Mo	23c. DATE SIGNED 9-10-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 11 49	24c. NAME OF CEMETERY OR CREMATORY Hinton	24d. LOCATION (City, town, or county) (State) Hinton (Boone CO) Mo
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DATE REC'D BY LOCAL REG. Sept 11-49	REGISTRAR'S SIGNATURE Leah Wellman	25. FUNERAL DIRECTOR'S SIGNATURE Curton Funeral Home Higbee Mo	ADDRESS
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SEP 19 1940

RECEIVED

District Health Officer No.

District File Number 9-4916

Date Filed SEP 19 1940

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed *Edw. Fienworth*

Licensed Embalmer No. 3978

P. O. Address Glasgow

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.