

THE DIVISION OF HEALTH OF MISSOURI
FILED APR 28 1950 STANDARD CERTIFICATE OF DEATH

11884

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 5087 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY BATES
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-HOWARD TWP
c. LENGTH OF STAY (in this place) 50 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 10 Mi. S.W.-RICH HILL, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY BATES
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-HOWARD TWP
d. STREET ADDRESS (If rural, give location) 10 Mi. S.W.-RICH HILL, Mo.

3. NAME OF DECEASED
a. (First) LLOYD b. (Middle) ERNEST c. (Last) PURYEAR

4. DATE OF DEATH (Month) (Day) (Year) APRIL-16-1950

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH SEPT-16-1889

9. AGE (In years last birthday) Months Days 60 7 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM OWNER

10b. KIND OF BUSINESS OR INDUSTRY FARM

11. BIRTHPLACE (State or foreign country) SHELBY COUNTY IOWA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JAMES LLOYD PURYEAR

13b. MOTHER'S MAIDEN NAME VIRGINIA WRIGHT

14. NAME OF HUSBAND OR WIFE LENA PURYEAR RICH HILL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME Lloyd E. Puryear - 91 - Rich Hill, Mo. ADDRESS _____

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Hemorrhage
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gastric ulcer -
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
One week
One year
5400

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan. 1949, to 4/16, 1950, that I last saw the deceased alive on 4-15, 1950, and that death occurred at 6:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. H. Allen M.D.

23b. ADDRESS Hume Mo

23c. DATE SIGNED 4/19/50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE APRIL 19-1950

24c. NAME OF CEMETERY OR CREMATORY HUME

24d. LOCATION (City, town, or county) (State) Hume, MISSOURI

DATE REC'D BY LOCAL REG. April 19

REGISTRAR'S SIGNATURE Frank H. Martin

25. FUNERAL DIRECTOR'S SIGNATURE Booth Funeral Home Rich Hill, Mo ADDRESS _____

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

RECEIVED

District Health Officer No. 7

District File Number 3-50-430

Date Filed 4-27-57

APR 27 1957
KAY

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 Embalmer No.

Signed Robert E. Steinbeck

Signed.....
Student Embalmer

Licensed Embalmer No. 4657

P. O. Address Butler, 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.