

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17862

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4451 Registrar's No. 136

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

1. PLACE OF DEATH a. COUNTY Ripley			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ripley		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Naylor		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Naylor		0910
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Arthur c. (Last) Purdom			4. DATE OF DEATH (Month) (Day) (Year) 5/11/50		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6/2/1887		9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (State or foreign country) Naylor, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME Benjamin Purdom		13b. MOTHER'S MAIDEN NAME Julia Foster		14. NAME OF HUSBAND OR WIFE Maggie Purdom	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Maggie Purdom Naylor, Mo.			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of	ANTECEDENT CAUSES					
	DUE TO (b) limb. — a general					
	DUE TO (c) carcinous condition					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none						1.55X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) no		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 _____, 1945, to **May 11, 1950**, that I last saw the deceased alive on **May 9, 1950**, and that death occurred at **7:12** p.m., from the causes and on the date stated above.

23a. SIGNATURE Stewart (Degree or title) MD		23b. ADDRESS Naylor, Mo		23c. DATE SIGNED 5/11/50	
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24a. BURIAL, CREMATION, REMOVAL Burial	24b. DATE 5/14/50	24c. NAME OF CEMETERY OR CREMATORY Naylor Masonic		24d. LOCATION (City, town, or county) (State) Naylor, Missouri	
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DATE REC'D BY LOCAL REG. 5-18-50	REGISTRAR'S SIGNATURE [Signature] 277		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gish Funeral Home Naylor, Missouri		
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RECEIVED 6-5-50
District Health Officer No. 8,
District File Number 6-50327
Date Filed 6-8-50

REC'D
JUN 12 1950

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 *Seymour Mc Cord*

Licensed Embalmer No. 4079

P. O. Address *Taylor, 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.