

FILED JUN 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20006**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4214** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY Henry b. CITY (If outside corporate limits, write RURAL and give township) Deepwater Mo c. LENGTH OF STAY (In this place) d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry c. CITY (If outside corporate limits, write RURAL and give township) Deepwater Mo d. STREET ADDRESS (If rural, give location) 2113-J	
3. NAME OF DECEASED a. (First) Clara b. (Middle) Elizabeth c. (Last) Purnell			4. DATE OF DEATH (Month) (Day) (Year) June 10-50
5. SEX Female	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov-13-1868
9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months 6 Days 24 IF UNDER 24 HRS. Hours — Min. —	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Warsaw Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Henry D Rank		13b. MOTHER'S MAIDEN NAME Janet Walthell	
14. NAME OF HUSBAND OR WIFE —		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. —		17. INFORMANT'S SIGNATURE OR NAME Maggie Purnell, Deepwater Mo	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis ANTECEDENT CAUSES Morbid 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. Death in arrival	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Deepwater Henry Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 11 1913		21e. INJURY OCCURRED WHILE AT WORK? (WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>)	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from X , 19 — , to June 10 , 19 50 , that I last saw the deceased alive on X , 19 — , and that death occurred at 12:30 P m. , from the causes and on the date stated above.	
23a. SIGNATURE B. C. Johnson (Degree or title)		23b. ADDRESS Deepwater Mo	
23c. DATE SIGNED June 12 1950		24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	
24b. DATE June 13-50		24c. NAME OF CEMETERY OR CREMATORY Calhoun Cem	
24d. LOCATION (City, town, or county) (State) Calhoun Mo		25. FUNERAL DIRECTOR'S SIGNATURE Tom Kurety, Deepwater Mo	
DATE REC'D BY LOCAL REG. June 13-50		REGISTRAR'S SIGNATURE Florence Adair	
ADDRESS —		ADDRESS —	

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

RECEIVED 6-19-50
District Health Officer No. 71
District File Number 5-50-672
Date Filed 6-19-50

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 *Sam Hunt*

Licensed Embalmer No. *2782*

P. O. Address *Deepwater 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.