

FILED AUG 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25794

BIRTH NO. _____		REG. DIST. NO. 337		PRIMARY REG. DIST. NO. 4497		Registrar's No. 68	
1. PLACE OF DEATH a. COUNTY Shelby county				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarence, MO.		c. LENGTH OF STAY (in this place) 10 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarence, Mo.		1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If rural, give location) X			
3. NAME OF DECEASED (Type or Print) a. (First) Ralph Milton Purdy			b. (Middle)			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) 7-2-1950							
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 9-8-1919		9. AGE (In years last birthday) 30	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Days 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (State or foreign country) MARION Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Clarence Purdy			13b. MOTHER'S MAIDEN NAME Mary E. Miller			14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) Yes World War 2		16. SOCIAL SECURITY NO. 495-18-7441		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence Purdy, Clarence, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES		By shot discharged from a 30-06 Winchester Blue Gun.					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO Entering his head at the Right Eye					
II. OTHER SIGNIFICANT CONDITIONS		This is the open Verdict of Jury					
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 type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE Suicide		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Shot self with 30-06 Winchester Rifle			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. W. Musgrove 3 (Crown)				23b. ADDRESS Bethel Mo		23c. DATE SIGNED July 11-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-5-1950	24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cmty.		24d. LOCATION (City, town, or county) (State) Redman, Mo.		
DATE REC'D BY LOCAL REG. Aug 4-50		REGISTRAR'S SIGNATURE A. A. Garrison 419		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Million-Barkeley, Clarence, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 17 1950

RECEIVED  
AUG 7 1950  
District Health Officer No.  
District File Number 8-50-12  
Date Filed AUG 8 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 *E. W. Hawkins*

Licensed Embalmer No. 3498

P. O. Address *Shelburne, Vt.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.