

FILED APR 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11558

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5720 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia - Columbia Township		c. LENGTH OF STAY (in this place) OR TOWN Columbia - Columbia Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 6		d. STREET ADDRESS (If rural, give location) Route 6	

3. NAME OF DECEASED (Type or Print)	a. (First) SUSAN	b. (Middle) ELIZABETH	c. (Last) PURCHASE	4. DATE OF DEATH (Month) (Day) (Year) April 10, 1951
-------------------------------------	-------------------------	------------------------------	---------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 9, 1860	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Days 1	IF UNDER 6 HRS. Mins.
----------------------	-------------------------------	---	--------------------------------------	---	----------------------------------	--------------------------------	-------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) Barnstable, England	12. CITIZEN OF WHAT COUNTRY? U.S.
--	--	--	--

13a. FATHER'S NAME (unknown) Lewis	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE William H. Purchase
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No	(If yes, give war or dates of service) ---	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME Mrs. Oliver Calvert, Columbia, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH 2 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis		27 mo
	DUE TO (c) Arterio Sclerosis		10 2/3 mo
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ---			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION ---	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) ---
--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ---	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 **Jan 1, 1950**, to **Apr 10, 1951**, that I last saw the deceased alive on **Mar 20, 1951**, and that death occurred at **7:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE J.C. Suggs M.D.	(Degree or title) M.D.	23b. ADDRESS Columbia Mo	23c. DATE SIGNED 4-11-51
---------------------------------------	-------------------------------	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Apr. 11, 1951	24c. NAME OF CEMETERY OR CREMATORY ---	24d. LOCATION (City, town, or county) (State) Green Ridge, Missouri.
--	--------------------------------	---	---

DATE REC'D BY LOCAL REG. April 11, 1951	REGISTRAR'S SIGNATURE Mrs R.G. Palmer	25. FUNERAL DIRECTOR'S SIGNATURE Parker Funeral Service	ADDRESS Columbia Mo
--	--	--	----------------------------

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

RECEIVED 4-17-61

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 4-17-61

NOV 24 1953

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.

Signed _____
Student Embalmer

Signed *Clarence M. Billo*
Student Embalmer No. _____

Licensed Embalmer No. *4375*
P. O. Address *Columbia, 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.