

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32295

State File No.

FILED OCT 1 1951

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 75

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 OR TOWN Shelbina, Mo.	c. LENGTH OF STAY (In this place) 10 Yrs.	c. CITY OR TOWN Shelbina, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS X	

3. NAME OF DECEASED (Type or Print)	a. (First) IRVING	b. (Middle) VERNON	c. (Last) PURDY	4. DATE OF DEATH (Month) (Day) (Year) 9-12-1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-29-1883	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. 67 10 13
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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) Randolph Co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Purdy	13b. MOTHER'S MAIDEN NAME Carolyn Henniger	14. NAME OF HUSBAND OR WIFE Ida Belle Purdy
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. X 486-140-5344	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ida Belle Purdy, Shelbina,
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma, Liver DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 156A	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Feb 3, 1951, to Sept 11, 1951, that I last saw the deceased alive on Sept 11, 1951, and that death occurred at 12:30A., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph H. Tomer D.O.	23b. ADDRESS Shelbina Mo.	23c. DATE SIGNED 9/14/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-14-1951	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.	24d. LOCATION (City, town, or county) (State) Shelbina, Mo.
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DATE REC'D BY LOCAL REG. 9-15-51	REGISTRAR'S SIGNATURE Ada Garrison	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barkeley-Hawkins, Shelbina, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 17 1951

Date Received:
DISTRICT HEALTH OFFICE #2
District File Number 9-51-631
Date Filed: SEP 17 1951

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.....

W. Hawkins

Signed.....
Student Embalmer

Licensed Embalmer No. *3498*

P. O. Address. *Salisbury Md*

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.