

5. No. 300  
10. 48

FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32996

State File No. \_\_\_\_\_  
REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 266

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Versailles 0710	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mo. State Prison Hospital		d. STREET ADDRESS (If rural, give location) /	

3. NAME OF DECEASED (Type or Print) a. (First) Orville b. (Middle) Charles c. (Last) Purl			4. DATE OF DEATH (Month) (Day) (Year) Oct- 15-51			
5. SEX Male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Nov. 18, 1908	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Morgan County 0		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Lee Purl		13b. MOTHER'S MAIDEN NAME Alice Moore		14. NAME OF HUSBAND OR WIFE Minnie Purl	
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME Missouri State Prison Hospital ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 6 hours	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (Subarachnoid) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congenital Aneurism				
		DUE TO (c)				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7546			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jefferson City Cole Missouri	
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 10-15, 1951, to 10-15, 1951, that I last saw the deceased alive on 10-15, 1951, and that death occurred at 2:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE M. J. McKeilly (Degree or title) M.D.		23b. ADDRESS Jefferson City Mo		23c. DATE SIGNED 10-16-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24c. NAME OF CEMETERY OR CREMATORY Versailles City Cem.		24d. LOCATION (City, town, or county) (State) Versailles Missouri	

DATE REC'D BY LOCAL REG. Oct 16-1951		REGISTRAR'S SIGNATURE R.P. Norris M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS George J. Gordon Jefferson City Mo	
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(Licensed Embalmer's Statement on Reverse Side) by [Signature]

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

264  
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RECEIVED OCT 22 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

OCT 25 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Lester Senevys

Licensed Embalmer No. 4717

P. O. Address Jc no

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.