

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41782**
5404

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>30 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2727 Harrison</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph's Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>UPERT</u>	b. (Middle) <u>B</u>	c. (Last) <u>PURDY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12/14/51</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>12/19/1885</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>65</u> Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lithographer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Lithographer</u>	11. BIRTHPLACE (State or foreign country) <u>Unk 9</u>	12. CITIZEN OF WHAT COUNTRY? <u>-</u>
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13a. FATHER'S NAME <u>John Purdy</u>	13b. MOTHER'S MAIDEN NAME <u>-----Black</u>	14. NAME OF HUSBAND OR WIFE <u>Unk (Divorced)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lena Sellers, 814 Troost</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>FRACTURE OF THE LEFT HIP</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>DOE TO (b) CONFLUENT BRONCHOPNEUMONIA</u> <u>DOE TO (c) CHRONIC MYOCARDIAL INFARCTION</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Healed Left Aneurysm</u>		20. AUTOPSY? <u>1</u> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson, Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12 10 51</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fall at Home</u>		

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 _____, from the causes and on the date stated above.

22a. SIGNATURE <u>Russell W. Kerr</u>	(Degree or title) <u>Physician</u>	22b. ADDRESS <u>St Joseph's Hosp</u>	22c. DATE SIGNED <u>16 Dec 51</u>
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22a. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE <u>12/17/51</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>	22d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
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DATE REC'D BY LOCAL REG <u>12-16-51</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	23. FUNERAL DIRECTOR'S SIGNATURE <u>John P. Sheil, K. C. Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

John P. Shiel

Licensed Embalmer No. *3625*

P. O. Address *K @ 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.