

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24464

State File No.

FILED AUG 7 - 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 694-A

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>8 DAYS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rogersville, Mo.</u>	
		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <u>MACK</u>			a. (First)	b. (Middle)	c. (Last) <u>Pursley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 28, 1953</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>Married</u>	8. DATE OF BIRTH <u>Nov. 3, 1876</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (State or foreign country) <u>Webster Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jim Pursley</u>	13b. MOTHER'S MAIDEN NAME <u>Criger</u>	14. NAME OF HUSBAND OR WIFE <u>Killie</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Gladys Shertz</u> ADDRESS <u>Fordland, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	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) <u>331X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 28, 1953</u>	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 July 20, 1953, to July 28, 1953, that I last saw the deceased alive on July 28, 1953, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR <u>Don Seaby M.D.</u> (Degree or title)	23b. ADDRESS <u>Springfield Mo</u>	23c. DATE SIGNED <u>8-1-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-30-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>White Oak Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Rogersville Rural Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-4-53</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H.C. Herrell</u> ADDRESS <u>Rogersville Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48
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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

M. K. Ferrell

Signed.....
Student Embalmer

Licensed Embalmer No. *4910*

P. O. Address *Fairland, Mo.*

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.