

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25098**  
**3735**

FILED AUG 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>41 years</b>		e. STREET ADDRESS (If rural, give location) <b>3750</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Veterans Administration Hospital 75 5319 Virginia, Kansas City, Missouri</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>Michael</b> c. (Last) <b>Purcell</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 26, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>November 17, 1893</b>
9. AGE (In years last birthday) <b>59</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Passenger Agent</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Brown County, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>James Purcell</b>		13b. MOTHER'S MAIDEN NAME <b>Sara McSorley</b>	
14. NAME OF HUSBAND OR WIFE <b>Alice Purcell</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW I</b>	
16. SOCIAL SECURITY NO. <b>709 16 0232</b>		17. INFORMANT'S SIGNATURE OR NAME <b>VA Hospital Records, Kansas City, Mo.</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bilateral adrenal tuberculosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Bilateral pulmonary tuberculosis</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>		5 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		0021	
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)	
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 <b>July 24, 1953</b> , to <b>July 26, 1953</b> , and that death occurred at <b>8:50 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Richard C. Schaffer, M.D.</b> <b>Richard C. Schaffer, M.D.</b>		23b. ADDRESS <b>V.A. Hospital, Kansas City, Mo.</b>	
23c. DATE SIGNED <b>7-27-53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>July 28, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. OLIVET CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>S. H. Newcome's Sons, Kansas City, Mo.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>S. H. Newcome's Sons, Kansas City, Mo.</b>		ADDRESS	
DATE REC'D BY LOCAL REG. <b>7-28-53</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Smith</b>	

REC'D AUG 17 1958

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..... Signature of Student Embalmer

Signed *Albert L. Savage*.....

Licensed Embalmer No. *48*.....

P. O. Address *Honolulu*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.