

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36780

FILED NOV 5 - 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 217

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>	
b. CITY OR TOWN <u>Rolla</u>		c. CITY OR TOWN <u>Rural - Jackson</u>	
c. LENGTH OF STAY in the place <u>12 days</u>		d. STREET ADDRESS (If rural, give location) <u>7 Mi. N.E. of Raymondville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelps Co. Memorial Hospital</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-25-1953</u>	
3. NAME OF DECEASED (Type or Print) <u>Alexander (Eck) Pursiful</u>	a. (First)	b. (Middle)	c. (Last)
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-14-1895</u>
9. AGE (In years last birthday) <u>58</u>		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Rented</u>
11. BIRTHPLACE (City and state or foreign country) <u>Texas Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Pursiful</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Hartman</u>	
14. NAME OF HUSBAND OR WIFE <u>Nora Pursiful</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. #1</u>	
16. SOCIAL SECURITY NO. <u>489-32-5580</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruby Chapp</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephroses</u> ANTECEDENT CAUSES <u>Adeno-Carcinoma</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malignancy of bladder</u> 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"/>		181X	
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)	
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 <u>10-13</u> , 19 <u>53</u> , to <u>10-25</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10-25</u> , 19 <u>53</u> , and that death occurred at <u>5:15 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>James M. Myers M.D.</u>		23b. ADDRESS <u>Rolla, Mo</u>	
23c. DATE SIGNED <u>10-26-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>10-27-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McMahan Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Texas Co - Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Smith & Ferguson Licking Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 26 - 1953</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Steele</u>	

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

County File Number
Date Filed

11-4-53

1953

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Embert Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking Mo

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.