

0.30  
0.48

M<sup>rs</sup> Crow

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36828

FILE NOV 4 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 3055 Registrar's No. 133

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived, and institution: residence before admission). a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give township) Bolivar		c. CITY (If outside corporate limits, write RURAL and give township) Bolivar	
c. LENGTH OF STAY (in this place) 9 yrs.		d. STREET ADDRESS (If rural, give location) 415 North Benton	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) Mae c. (Last) Pursley		4. DATE OF DEATH (Month) (Day) (Year) Sept 16 1953	
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5. SEX Female	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 6 1901	9. AGE (In years last birthday) 52	10. MONTHS 2	11. DAYS 10	12. HOURS 1	13. MIN. 1
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10a. USUAL OCCUPATION (Give kind of work home during most of working life, even if retired) House Keeper	10b. KIND OF BUSINESS OR INDUSTRY House Work	11. BIRTH PLACE (State or foreign country) Huron Polk Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George H. Pursley	13b. MOTHER'S MAIDEN NAME Olevie Shafer	14. NAME OF HUSBAND OR WIFE Single
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) No	16. SOCIAL SECURITY NO. 497-26-1272	17. INFORMANT'S SIGNATURE OR NAME Mrs. Edith Gwinn	18. ADDRESS Bolivar Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Breast		INTERVAL BETWEEN ONSET AND DEATH 1 yr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized metastases		
	DUE TO (c) 0		
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 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) 170 X
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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?
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22. I hereby certify that I attended the deceased from 1-20, 1953, to Sept 16, 1953, that I last saw the deceased alive on Sept 15, 1953 and that death occurred at 4:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE M <sup>rs</sup> M <sup>rs</sup> Crow	(Degree or title) Mrs	23b. ADDRESS Bolivar Mo	23c. DATE SIGNED 10/27/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sep 18 1953	24c. NAME OF CEMETERY OR CREMATORY Payde Cemetery	24d. LOCATION (City, town, or county) (State) Near Polk Mo.
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DATE REC'D BY LOCAL REG. 10/29/53	REGISTRAR'S SIGNATURE Ralph Gordon	25. FUNERAL DIRECTOR'S SIGNATURE Erwin T Blue	ADDRESS Bolivar, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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 Edward B. Ewing.....

Licensed Embalmer No. 3092.....

P. O. Address Bellevue, 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.