

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **8885**

Registrar's No. **957**

FILED MAR 18 1954

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 40 yrs		e. STREET ADDRESS (If rural, give location) 1419 E. 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION. General Hospital No. 1		315-8	
3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) Jane c. (Last) Purcell		4. DATE OF DEATH (Month) (Day) (Year) 3 2 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Jan. 14 1869
9. AGE (In years last birthday) 85		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hour _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Nebraska
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Willard W. Purcell Ball	
13b. MOTHER'S MAIDEN NAME Hayne		14. NAME OF HUSBAND OR WIFE Willard W. Purcell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME Charles Purcell		ADDRESS Kas. City. Kas.	
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) Cerebral Vascular Accident 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 checked="" type="checkbox"/> NO <input type="checkbox"/>		331X	
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 March 1, 1954 , to March 2, 1954 , that I last saw the deceased alive on March 2, 1954 , and that death occurred at 6:40A.M. , from the causes and on the date stated above.			
23a. SIGNATURE B.I. Burns, M.D.		23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 3-2-54
24a. BURIAL CREMATION REMOVAL (Specify)	24b. DATE Mar. 4 1954	24c. NAME OF CEMETERY OR CREMATORY Highland Park	24d. LOCATION (City, town, or county) (State) Kansas City, Kansas
DATE REC'D BY LOCAL REG. 3-3-54	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs C.L. Forster Funeral Home K.C. Mo.	

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

No. 300
10-48

Dr. R...

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 *Dean Owens*.....

Licensed Embalmer No. *428*.....

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