

FILED MAY 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14634

State File No.

BIRTH NO. 31518-4 REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4497 Registrar's No. 32

1. PLACE OF DEATH: a. COUNTY <u>Shelby County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>CLARENCE, MO</u> b. COUNTY <u>Shelby</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLARENCE, MO.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLARENCE, MO. R.F.D. 10 P.O.</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME-CLARENCE, MO.</u>				d. STREET ADDRESS (If rural, give location) <u>CLARENCE, MO. R.F.D.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Chinton Eugene</u> b. (Middle) <u>Purdy</u> c. (Last) <u>Purdy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 29 - 1954</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>APRIL 27 1954</u>	9. AGE (In years last birthday) <u>8</u>	10. UNDER 1 YEAR Months <u>8</u>	11. UNDER 28 HRS. Hours <u>8</u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>SAMARITAN Hospital</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Glenn Purdy</u>			13b. MOTHER'S MAIDEN NAME <u>Lodema Meyers</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GLENN PURDY CLARENCE MO</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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pre-mature</u>								
ANTECEDENT CAUSES				DUE TO (b)				
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				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"/>		
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 <u>4:21</u> 1954, to <u>Apr. 29, 1954</u> , that I last saw the deceased alive on <u>Apr 29, 1954</u> , and that death occurred at <u>12:30</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>J. H. Tome, D.O.</u>				23b. ADDRESS <u>Shelby, Mo.</u>		23c. DATE SIGNED <u>5/4/54</u>		
24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4/30/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MAPLEWOOD CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CLARENCE, MO</u>				
DATE REC'D BY LOCAL REG. <u>5-4-54</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Greening Funeral Home</u>		ADDRESS <u>CLARENCE, MO</u>		

(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

Charles V. Greening

Licensed Embalmer No.

4625

P. O. Address

Clarence M.

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.