

FILED AUG 10 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23647**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **5729** Registrar's No. **257**

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, give RURAL and give town) <b>Ten Mile Twp. Rural</b>		c. LENGTH OF STAY (in this place) <b>20yrs</b>	d. CITY OR TOWN <b>Clarence</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <b>Rural 1020</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Emerald</b>	b. (Middle) <b>Merle</b>	c. (Last) <b>Purdy</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 17t 1954</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>June 6th 1923</b>	9. AGE (In years last birthday) <b>31</b>	10 UNDER 1 YEAR Months <b>1</b> Days <b>11</b>	11 UNDER 1 YEAR Hours <b></b> Min. <b></b>
--------------------	-------------------------------	---	---------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Macon Co Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	--	--	--

13a. FATHER'S NAME <b>Clarence Purdy</b>	13b. MOTHER'S MAIDEN NAME <b>Mary E Miller</b>	14. NAME OF HUSBAND OR WIFE <b>Mildred Purdy</b>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <b>Yes W.W. II</b>	16. SOCIAL SECURITY NO. <b></b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Mildred Purdy</b>	ADDRESS <b>Clarence 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Inst.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broken Neck</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Left Multiple Fractures Arm &amp; chest</b> DUE TO (c) <b>Caught in pick-up Bailer E9121 3</b>		

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) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Rural Ten Mile Macon Mo.</b>
--	--	---

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>July 17 54 3:45 PM</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Caught in Pick-up Bailer</b>
---	--	--

22. I hereby certify that I attended the deceased from **19**, to **19**, that I last saw the deceased alive on **19**, and that death occurred at **3:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Lester Hutton Coroner</b>	23b. ADDRESS <b>Macon Mo.</b>	23c. DATE SIGNED <b>July 10, 54</b>
---	-------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 20th 54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt Zion</b>	24d. LOCATION (City, town, or county) (State) <b>Macon Co Mo</b>
---	-------------------------------	---	--

DATE REC'D BY LOCAL REG. <b>7/26/54</b>	REGISTRAR'S SIGNATURE <b>Auth M Neely 185</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Barkeley &amp; Hawkins</b>	ADDRESS <b>Clarence Mo.</b>
---	---	--	-----------------------------

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

AUG 19 1954  
AUG 23 1954

AUG 20 1954

AUG

RECEIVED  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 857.133  
Date Filed 8.5.54

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 Henry A. Barker  
Licensed Embalmer No. 38  
P. O. Address Shelburne

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.