

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30129**

FILED OCT 14 1954

BIRTH NO. 6825154 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 270

|   |  |   |  |
|---|--|---|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <u>Coke</u>   |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>   |  |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><u>Jefferson City</u>   |  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><u>Cassville</u>  |  |
| c. LENGTH OF STAY (in this place)<br><u>5 hrs</u>   |  | d. STREET ADDRESS (If rural, give location)<br><u>NONE</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Chas. F. Still Osteo. Hosp.</u>   |  |   |  |
| <b>3. NAME OF DECEASED</b><br>(Type or Print)<br>a. (First) <u>Stephen Lee</u> b. (Middle) <u>Purcell</u> c. (Last) <u>Purcell</u>  |  | <b>4. DATE OF DEATH</b><br>(Month) (Day) (Year)<br><u>Oct 11 1954</u>   |  |
| <b>5. SEX</b><br><u>Male</u>  |  | <b>6. COLOR OF RACE</b><br><u>White</u>   |  |
| <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)<br><u>Never married</u>   |  | <b>8. DATE OF BIRTH</b><br><u>Oct 11, 1924</u>  |  |
| <b>9. AGE</b> (In years last birthday) Months Days<br><u>29</u> <u>11</u> <u>6</u>  |  | IF UNDER 18 Hrs. Mins.<br><u>5</u> <u>6</u>   |  |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)  |  | <b>10b. KIND OF BUSINESS OR INDUSTRY</b>  |  |
| <b>11. BIRTHPLACE</b> (City and State or Foreign Country)<br><u>Jefferson City, Mo</u>  |  | <b>12. CITIZEN OF WHAT COUNTRY?</b><br><u>USA</u>   |  |
| <b>13a. FATHER'S NAME</b><br><u>Wilbur R Purcell</u>  |  | <b>13b. MOTHER'S MAIDEN NAME</b><br><u>Edith Westmoreland</u>   |  |
| <b>14. NAME OF HUSBAND OR WIFE</b><br><u>None</u>   |  |   |  |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown)  |  | <b>16. SOCIAL SECURITY NO.</b><br><u>None</u>   |  |
| <b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS<br><u>X Mrs. Edith Purcell, Cassville, Mo.</u>   |  |   |  |
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                      |  | <b>MEDICAL CERTIFICATION</b><br><b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a)<br><u>Congenital malformation</u><br>ANTECEDENT CAUSES<br><u>Mongolianism</u><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c) |  |
| <b>19a. DATE OF OPERATION</b>   |  | <b>19b. MAJOR FINDINGS OF OPERATION</b><br><u>352 X</u>   |  |
| <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |   |  |
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)   |  | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  |
| <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>  |  |   |  |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)  |  | <b>21e. INJURY OCCURRED WHILE AT WORK</b> NOT WHILE AT WORK <input type="checkbox"/>  |  |
| <b>21f. HOW DID INJURY OCCUR?</b>   |  |   |  |
| <b>22. I hereby certify that I attended the deceased from <u>10/11/54</u> to <u>10-11</u>, 19<u>54</u>, that I last saw the deceased alive on <u>10/11/54</u>, and that death occurred at <u>2 a.</u> m., from the causes and on the date stated above.</b> |  |   |  |
| <b>23a. SIGNATURE</b> (Name or title)<br><u>Dr. E. Murrell</u>  |  | <b>23b. ADDRESS</b><br><u>6 Edow, Mo.</u>   |  |
| <b>23c. DATE SIGNED</b><br><u>10/11/54</u>  |  |   |  |
| <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)  |  | <b>24b. DATE</b><br><u>Oct-12-54</u>  |  |
| <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><u>Kankakee Cemetery, Kankakee, Ill.</u>   |  | <b>24d. LOCATION</b> (City, town, or county) (State)<br><u>Kankakee, Ill.</u>   |  |
| <b>DATE REC'D BY LOCAL REG.</b><br><u>Oct 11-1954</u>   |  | <b>REGISTRAR'S SIGNATURE</b><br><u>R.P. Harris MD-RR</u>  |  |
| <b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS<br><u>Victor K... Jefferson City Mo</u>   |  |   |  |

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

*Victor Buescher*

Licensed Embalmer No. 3701

P. O. Address

*Jefferson City*

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.