

34095

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4735

FILED NOV 5 - 1954

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 4735
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates		
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 4 mo		c. CITY OR TOWN Butler
d. FULL NAME OF HOSPITAL OR INSTITUTION 1332 E. 75th St		e. STREET ADDRESS (If rural, give location) 0071		
3. NAME OF DECEASED (Type or Print) a. (First) Leonidas		b. (Middle) C		c. (Last) Purdy
4. DATE OF DEATH Oct. 11, 1954		5. SEX male		6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Sept. 7, 1883		9. AGE (in years last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY self employed		11. BIRTHPLACE (City and State or Foreign Country) Harris, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Thos. D. Purdy		13b. MOTHER'S MAIDEN NAME Mary J. Davis
14. NAME OF HUSBAND OR WIFE Mary E. Purdy (deceased)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Mrs. Robert Holder, Kansas City, Mo.		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mucus Producing Adenocarcinoma of Ascending colon & Caecum.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 18 mo's
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (b)		DUE TO (c)
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION (Operation) Caecum & Ascending Colon largely replace by Adenocarcinoma. Transplants		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE		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 June 8, 1954, to Oct. 11, 1954, that I last saw the deceased alive on October 6, 1954, and that death occurred at 10:30 a.m., from the causes and on the date stated above.		23a. SIGNATURE Geo. H. Thiele (Degree or title)
23b. ADDRESS 411 Nichols Road, K.C., Mo		23c. DATE SIGNED 10/11/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 10/11/54		24c. NAME OF CEMETERY OR CREMATORY Harris, Mo.		24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 10-11-54		REGISTRAR'S SIGNATURE Vera Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. C. Larson Independence, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

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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..... *La Vega E. B.*

Licensee Embalmer No. *4*

P. O. Address. *Truley*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.