

FILED MAR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9041**

BIRTH NO. _____ REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **3051** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY Ferry 0791		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY St. Genevieve	
b. CITY (If outside corporate limits, write RURAL and give township) Ferryville MO		c. LENGTH OF STAY (in this place) 5 days	c. CITY OR TOWN
d. FULL NAME OF HOSPITAL OR INSTITUTION Ferry Co Memorial Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 8950	
3. NAME OF DECEASED a. (First) J b. (Middle) Leslie c. (Last) Purdom		4. DATE OF DEATH (Month) (Day) (Year) MAR 15 1955	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Jan 20, 1882	
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Parksville ILL	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Thomas M. Purdom	
13b. MOTHER'S MAIDEN NAME Lucy Ann Connor		14. NAME OF HUSBAND OR WIFE Bessie M. Grein	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Bessie Purdom		ADDRESS Weingarten, MO	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral Thrombosis		ANTECEDENT CAUSES		5 days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Bronchopneumonia		3 days	
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) _____		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 **11 March, 1955**, to **15 March, 1955**, that I last saw the deceased alive on **14 March, 1955**, and that death occurred at **6:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D. Perryville, Mo		23b. ADDRESS [Address]		23c. DATE SIGNED MAR 15 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) [Signature]		24b. DATE 19 MAR 1955		24c. NAME OF CEMETERY OR CREMATORY City Cemetery	
24d. LOCATION (City, town, or county) (State) Carbon Dale ILL.		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS [Address]	

DATE REC'D BY LOCAL REG. 3/16/55		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		ADDRESS	

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

APR 22 1955

APR 25 1955

APR 25 1955

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 *James A. Stouls*.....

Licensed Embalmer No. *381*

P. O. Address *St. Geneva*

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.