

FILED MAY 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17483

BIRTH NO. _____		REG. DIST. NO. <u>381</u>		PRIMARY REG. DIST. NO. <u>6174</u>		Registrar's No. <u>32</u>			
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>					
b. CITY OR TOWN <u>Harris</u>		c. LENGTH OF STAY (In this place) <u>81 yrs</u>		c. CITY OR TOWN <u>Harris</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clay Twp</u>				e. STREET ADDRESS (If rural, give location) <u>Clay Twp. 1650</u>					
3. NAME OF DECEASED a. (First) <u>Fannie</u>			b. (Middle) <u>S.</u>		c. (Last) <u>Purdy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-15-1955</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>12-9-1873</u>			
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Harris - Mo</u>			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>US</u>			
13a. FATHER'S NAME <u>James T. Richardson</u>			13b. MOTHER'S MAIDEN NAME <u>Matilda Fertig</u>		14. NAME OF HUSBAND OR WIFE <u>Paul J. Purdy - dead</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Paul Purdy, Jr</u> ADDRESS <u>Harris - 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Rheumatic myocarditis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3da</u> <u>15 yrs</u>	
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) <u>Harris Mo</u>					
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 <u>1/1</u> , 19 <u>50</u> , to <u>5/15</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5/15</u> , 19 <u>55</u> , and that death occurred at <u>2:30</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>Harris Mo</u>		23c. DATE SIGNED <u>5/20/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-17-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harris Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Harris - Mo</u>			
DATE REC'D BY LOCAL REG. <u>5-23-1955</u>		REGISTRAR'S SIGNATURE <u>Mrs. H.B. Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schubert Schaub</u> ADDRESS <u>Harris - 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.....  
Signature of Student Embalmer

Signed..... *Dwight Schoene* .....

Licensed Embalmer No. *266*

P. O. Address *Nolan - N*

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