

FILED APR 16 1956

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

8053

STATE FILE NUMBER

 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Columbia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>16 King Ave.,</u>			Length of stay in lb <u>7 Yrs</u>	d. STREET ADDRESS <u>16 King Ave.</u>			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Leverette Leonard Purcell</u>				4. DATE OF DEATH Month Day Year <u>4/ 8/1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>1/23/1892</u>	9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Inspector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dept. of Agri.</u>	11. BIRTHPLACE (City and state or country) <u>Ashland, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>James Purcell</u>				14. MOTHER'S MAIDEN NAME <u>Annie F. Old</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>499-24-3642</u>	17. INFORMANT Address <u>Mrs Wilmuth Purcell, Columbia, Mo.</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>4200</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Intermittent</u> <u>Myocardial</u>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>4200</u>				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>2-18-50</u> to <u>9 Apr 56</u> and last saw him alive on <u>5 Apr 56</u> Death occurred at <u>8 Apr 56 1145P</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>R.P. Ladewig MD</u> (Degree or title)			22b. ADDRESS <u>Columbia Mo</u>		22c. DATE SIGNED <u>9 Apr 56</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY		23d. LOCATION (City, town, or county)		(State)	
<u>Burial</u>	<u>April 11, 1956</u>	<u>Mt. Pleasant</u>		<u>Ashland, Mo. R.F.D.</u>		<u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Memorial Funeral Home, Columbia, Mo.</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>April 11, 1956</u>		26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>		

(Licensed Embolmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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VS MAY 28 1959

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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, ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Lyman H. Sprinkle*

Licensed Embalmer No. *40*.....

P. O. Address *Columbus*.....

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