

STANDARD CERTIFICATE OF DEATH

State File No. **19677**

FILED JUL 2 1956

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **686**

1. PLACE OF DEATH a. COUNTY BUCHANAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	
c. LENGTH OF STAY (In this place) 1 year		d. STREET ADDRESS (If rural, give location) 105 Arizona St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital			

3. NAME OF DECEASED (Type or Print) TRUMAN			a. (First)			b. (Middle)			c. (Last) PURDY			4. DATE OF DEATH (Month) June (Day) 19 (Year) 1956			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 8-13-1884			9. AGE (In years to birthday) 71		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 MOS. Hours _____ Mins. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Re. Clerk				10b. KIND OF BUSINESS OR INDUSTRY U.P. Railroad				11. BIRTHPLACE (City and State or Foreign Country) Iowa				12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Stanford Purdy			13b. MOTHER'S MAIDEN NAME Lucretia Campbell			14. NAME OF HUSBAND OR WIFE Anna Purdy., Wife					
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. none			17. INFORMANT'S SIGNATURE OR NAME Anna Purdy, St. Joseph, Mo			ADDRESS		

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cerebral Hemorrhage with Paresis								INTERVAL BETWEEN ONSET AND DEATH 4 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331x						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 **6-15, 1956**, to **6-19, 1956**, that I last saw the deceased alive on **6-19, 1956**, and that death occurred at **3:15 P m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>Arnell Allison MD</i>		(Degree or title) MD		23b. ADDRESS Tootle Building St. Joseph, Mo.		23c. DATE SIGNED 6-21-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/22/56		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, MO	
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DATE REC'D BY LOCAL REG. June 25, 1956		REGISTRAR'S SIGNATURE <i>Cather M. Allison</i>		25. JOURNAL DIRECTOR'S SIGNATURE <i>John E. Gapp</i>		ADDRESS St. Joseph, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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
Student Embalmer

Signed Albin E. Bagan

Licensed Embalmer No. 4795

P. O. Address St Joseph Mo

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.