

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22633**

FILED JUN 25 1956

BIRTH NO. _____ REG. DIST. NO. **378** PRIMARY REG. DIST. NO. **4552** Registrar's No. **27**

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|---|-----------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY WRIGHT | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY WRIGHT | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MTN GROVE | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN MTN GROVE | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | e. STREET ADDRESS (If rural, give location) F. 9th St. 1140 | |

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|--|---|--|--|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) MARY | b. (Middle) MARGARET | c. (Last) PURSEY | 4. DATE OF DEATH (Month) (Day) (Year) 6-14-1956 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 4-3-1865 | 9. AGE (In years last birthday) 91 IF UNDER 1 YEAR: Months 2 Days 11 IF UNDER 14 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) IANZANT, MO | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME William REID | 13b. MOTHER'S MAIDEN NAME MARY Smith | 14. NAME OF HUSBAND OR WIFE JAMES PURSEY | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME MRS. IRENE PERRY ADDRESS MTN GROVE | | |

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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH Not known |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Atherosclerosis | (b) Arteriosclerosis | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4201 | 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) (Min.) | 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 **Jan 1954**, to **6-14-1956**, that I last saw the deceased alive on **Jan 1954**, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

| | | |
|---|---------------------------------------|---------------------------------|
| 23a. SIGNATURE [Signature] (Degree or title) MD | 23b. ADDRESS Mountain Grove MO | 23c. DATE SIGNED 6-15-56 |
|---|---------------------------------------|---------------------------------|

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|---|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 6-16-56 | 24c. NAME OF CEMETERY OR CREMATORY High Crest | 24d. LOCATION (City, town, or county) (State) MTN GROVE, MO |
|---|--------------------------|--|--|

| | | |
|---|--|--|
| DATE REC'D BY LOCAL REG. 6-16-56 | REGISTRAR'S SIGNATURE A.B. Ames | 25. GENERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS [Address] |
|---|--|--|

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

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RECEIVED JUN 19 1968
 WRIGHT CO. HEALTH DEPT.
 County File Number 656-62
 Date Filed June 23, 1968

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 Frank Grable

Licensed Embalmer No. 4140
 P. O. Address mta Ho

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.