

FILED AUG 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26484

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>180</u>	
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WASHINGTON</u>		c. LENGTH OF STAY (In this place) <u>1 DAY</u>		c. CITY OR TOWN <u>WASHINGTON</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS Hosp</u>				e. STREET ADDRESS (If rural, give location) <u>(226 E. FOURTH) FOURTH &amp; LOCUST STS. 0360</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>AMY</u> b. (Middle) <u>CLORINE</u> c. (Last) <u>PURVES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 23, 1956</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JUNE 11, 1873</u>		9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Days <u>2</u> Hours <u>13</u> Min. <u>-</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEKEEPING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MT. VERNON, IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>RULOF RULOF, PURVES</u>		13b. MOTHER'S MAIDEN NAME <u>NAOMI MERCER</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MINNIE PURVES 200E 54th WASH.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unbenson</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Renal infirmities of old age.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>36h</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		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 <u>21 Aug, 1956</u> , to <u>23 Aug, 1956</u> , that I last saw the deceased alive on <u>22 Aug, 1956</u> , and that death occurred at <u>7:24 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Raymond J. Bossio, M.D.</u>				23b. ADDRESS <u>Washington, Mo</u>		23c. DATE SIGNED <u>23 Aug 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG 25, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Cem</u>		24d. LOCATION (City, town, or county) (State) <u>WASHINGTON MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>8/23/56</u>		REGISTRAR'S SIGNATURE <u>Z.P. Stehman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Otto &amp; Co Henry W Otto Washington</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 none..... Student Embalmer No. none.....  
working under my personal supervision..

Student none.....  
Signature of Student Embalmer

Signed Henry W. Otto.....  
Licensed Embalmer No. 3560  
P. O. Address Washington

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.