

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

37320

State File No. \_\_\_\_\_

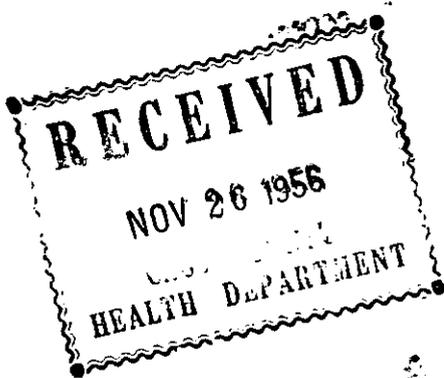
FILED NOV 28 1956

BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>4105</u>		Registrar's No. <u>158</u>	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Peculiar Twp</u>		c. LENGTH OF STAY (in this place) <u>None</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Garden City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 MILES W. of HARRISONVILLE</u>				d. STREET ADDRESS (If rural, give location) <u>0190</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alberta</u> b. (Middle) <u>Rhoy</u> c. (Last) <u>Purvis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 11 1956</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Dec. 29 - 1922</u>	
9. AGE (In years last birthday) <u>33</u>		IF UNDER 1 YEAR Months <u>33</u> Days <u></u>		IF UNDER 1 YEAR Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sten</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Beatrice, Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Ray C. Moore</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>no</u>		16. SOCIAL SECURITY NO. <u>488-22-2724</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Ray C. Moore - Garden City, Mo.</u>			
18. CAUSE OF DEATH Enter 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>Traumatic Shock</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) <u>multiple injuries</u> DUE TO (c) <u>car accident</u>  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>sudden</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) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Peculiar Twp. Cass Missouri</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? <u>auto accident</u> <u>019</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Bessie Zander (Cowan)</u>				23b. ADDRESS <u>Pleasant Hill, Mo</u>		23c. DATE SIGNED <u>11/11/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 13 - 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pitts Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>East Lyona, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>11-28-56</u>		REGISTRAR'S SIGNATURE <u>Prudence Anderson</u> <u>deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard Peterson</u> <u>Wicky - Garden City, Mo.</u>			

(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 *Ray J. Hickey*

Licensed Embalmer No. 4685

P. O. Address Garden City, 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.