

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010134
STATE FILE NUMBER
1295

FILED MAR 31 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300
-57

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 EAST 68th ST. | | Length of stay in 1b 28 YEARS | d. STREET ADDRESS (If outside, give location) 6 EAST 68th STREET |
| 3. NAME OF DECEASED (Type or print) Estelle | | First PURCELL | Last PURCELL |
| 4. DATE OF DEATH MARCH - 9 - 1958 | | Month MARCH | Day 9 |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH Nov. 17, 1879 |
| 9. AGE (In years last birthday) 78 | | IF UNDER 1 YEAR Months Days | IF UNDER 24 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 country) ELSWORTH, KANSAS |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | 13a. FATHER'S NAME George W. SPARR | 13b. MOTHER'S MAIDEN NAME Hulda McCollou |
| 14. NAME OF HUSBAND OR WIFE FRANK H. PURCELL | | 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 FRANK H. PURCELL JR. | | Address K.C. Mo. 6 EAST 68th STREET | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage | | | INTERVAL BETWEEN ONSET AND DEATH 24 hr. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Vascular Disease | | | 7 years. |
| DUE TO (c) | | | 3 1/2 hr. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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.) | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 1 July 1952 to 9 March 1958 and last saw her alive on 9 March 1958 Death occurred at 1:25 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>Blaine Z. Hibbard</i> (Degree or title) D | | 22b. ADDRESS 411 Nichols Rd Kansas City, Mo | 22c. DATE SIGNED 9 Mar 1958 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE MARCH 11, 1958 | 23c. NAME OF CEMETERY OR CREMATORY SUNSET CEMETERY | 23d. LOCATION (City, town, or county) (State) MANHATTAN KANSAS |
| 24. FUNERAL DIRECTOR D. W. NEW COMERS SONS, KANSAS CITY, MO. | ADDRESS 2531 BRUSH CREEK | 25. DATE RECD. BY LOCAL REG. 3-11-58 | 26. REGISTRAR'S SIGNATURE <i>Reva Minshel</i> |

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Blaine Z. Hibbard



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 *W. P. Talon*

Licensed Embalmer No. *4401*
P. O. Address *Kansas City*

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.