

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035170
STATE FILE NUMBER

FILED OCT 14 1958		Registration District No. <u>324</u>		Primary Registration District No. <u>6093</u>		Registrar's No. <u>1623</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marshall Township</u>		Inside Limits Yes ☐ No ☒		c. CITY OR TOWN <u>Marshall Township</u>		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Saline Co. Home</u>		Length of stay in lb <u>4 years</u>		d. STREET ADDRESS (If outside, give location) <u>Saline Co. Home</u>		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Purcell</u> Last <u>Purcell</u>				4. DATE OF DEATH Month <u>Oct.</u> Day <u>5</u> Year <u>1958</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH <u>April 1860</u>		9. AGE (In years last birthday) <u>98</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and state or country) <u>Audrain Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Y. A. Purcell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Dickson</u>		14. NAME OF HUSBAND OR WIFE <u>Slater, Mo.</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>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>William Dickson</u> Address <u>Slater, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerosis</u> DUE TO (b) <u>Senility</u> DUE TO (c) <u>4500</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)						INTERVAL BETWEEN ONSET AND DEATH <u>Years. -</u>	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour <u>3:30</u> Month <u>am.</u> Day <u>am.</u> Year <u>am.</u>							
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐		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 <u>1957</u> to <u>Oct. 4-58</u> and last saw her alive on <u>Oct. 4-1958</u> Death occurred at <u>3:30 am.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>C. L. Lawless</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Marshall Mo.</u>		22c. DATE SIGNED <u>10-6-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-7-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Arrow Rock Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Arrow Rock, Missouri</u>	
24. FUNERAL DIRECTOR <u>Campbell-Lewis</u>		ADDRESS <u>Marshall, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 6-58</u>		26. REGISTRAR'S SIGNATURE <u>Cecil G. Read</u>	

(Licensed Embelmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
 If any disease is listed in Part I, it must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *R. W. Campbell Jr.*

Licensed Embalmer No. *3469*

P. O. Address *Marshall*

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.