

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004825

FILED VS
INDEXED

JAN 20 1960 356

Primary Registration District No. 6206 Registrar's No. 5

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri's COUNTY TEXAS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Raymondville	Length of stay in lb 79 yrs	c. CITY OR TOWN Raymondville	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Phil Middle S. Last Purcell			4. DATE OF DEATH Month 1 - Day 13 - Year 60			
5. SEX Male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-4-1880	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Raymondville, Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Sid Purcell	13b. MOTHER'S MAIDEN NAME Alice Diederick	14. NAME OF HUSBAND OR WIFE Martha	

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.	17. INFORMANT Martha Purcell-Raymondville Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cerebral Vascular Accident General		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertension Arteriosclerotic Heart Disease general	
	DUE TO (c) Cardio Vascular Renal Disease	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour 7:05 a.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 Houston, Mo	COUNTY Missouri	STATE
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21. I attended the deceased from **Jan 5, 1951** to **1/13/60** and last saw him alive on **1/13/60**
Death occurred at **7:05 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. J. Durso, M.D.	(Degree or title)	22b. ADDRESS Houston, Mo	22c. DATE SIGNED 1-15-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-15-60	23c. NAME OF CEMETERY OR CREMATORY Allen Cemetery	23d. LOCATION (City, town, or county) (State) Texas County, Missouri
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24. FUNERAL DIRECTOR Raymond F. Duff-Houston, Mo	25. DATE RECD. BY LOCAL REG. 1-15-1960	26. REGISTRAR'S SIGNATURE Mirtie Craig
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.