

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-029534

STATE FILE NUMBER

FILED VS AUG 29 1960

10

3002

197

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

ENDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Audrain	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico	a. STATE MISSILLI.	b. COUNTY Cook
Length of stay in 1b 24 hrs.		c. CITY OR TOWN Chicago	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		d. STREET ADDRESS (If outside, give location) 4942 West Eddy	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Eva	Middle Ann	Last Purnell	Month Aug.	Day 25,	
5. SEX Female		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 8/28/03	9. AGE (last birthday) 56
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Springfield, Ill.	12. CITIZEN OF WHAT COUNTRY USA	

13a. FATHER'S NAME James N. Tucker		13b. MOTHER'S MAIDEN NAME Hattie Hobbs		14. NAME OF HUSBAND OR WIFE Charles C. Purnell	
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 Charles C. Purnell Chicago,	

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) - Myocardial failure			2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) - Myocarditis		3 days
	DUE TO (c) - Myocardial insufficiency		3 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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.)	
20c. TIME OF INJURY Hour a.m. p.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	COUNTY STATE

21. I attended the deceased from **Aug 23-60** to **Aug 25-60** and last saw her ^{her} alive on **8-25-60**
Death occurred at **1:25 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Shirley D. Sanford M.D.		22b. ADDRESS Union Mo		22c. DATE SIGNED 8-25-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 27 60	23c. NAME OF CEMETERY OR CREMATORY Horse Creek	23d. LOCATION (City, town, or county) Pawnee, Ill.	
24. FUNERAL DIRECTOR Arnold Funeral Home Mexico, Mo.		25. DATE RECD. BY LOCAL REG. August 25:1960	26. REGISTRAR'S SIGNATURE Blanche Neely	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 29 1960

OCT 9 0 1962

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 Geo. J. Whitaker

Licensed Embalmer No. 478

P. O. Address Michigan

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.