MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-000769

STATE FILE NUMBER

FILED VS JAN 26 1961

AMENDED

Registration District No. 098 Primary Registration District No. 4165 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY Daviess
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gallatin
Length of stay in 1b about 10 hrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION East side Nursing Home
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Daviess
c. CITY OR TOWN Jamesport
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First NOAH Middle A. Last PURKEY
4. DATE OF DEATH Month Jan. Day 4 Year 1961
5. SEX M
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Jan 24 1874
9. AGE (last birthday) 86
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RR. Engineer
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and state or country) Kansas
12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME John Purkey
13b. MOTHER'S MAIDEN NAME Margaret Beavers
14. NAME OF HUSBAND OR WIFE Augusta Purkey.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Jack Kline Address Canon City, Colo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute bronchitis — INTERVAL BETWEEN ONSET AND DEATH 3 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardio-Vascular Renal Disease — 9 mos.
DUE TO (c) Arteriosclerosis — 15 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
diabetes mellitus - 3 yrs
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ 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 Jan 2 61, to Jan 4 1961 and last saw him alive on Jan 2 61
Death occurred at 5 AM m on date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE H. B. Bailey (Degree or title) DO.
22b. ADDRESS Jamesport Mo.
22c. DATE SIGNED 1-9-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan. 6-1961
23c. NAME OF CEMETERY OR CREMATORY Masonic
23d. LOCATION (City, town, or county) Jamesport (State) Mo
24. FUNERAL DIRECTOR Robert N. Mahaffy ADDRESS Jamesport Mo.
25. DATE RECD. BY LOCAL REG. Jan. 16, 1961
26. REGISTRAR'S SIGNATURE Virgie M. Engelhart

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

FEB 8 1961

FEB 1 1961

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 Robert N. Mahany

Licensed Embalmer No. 4848

P. O. Address Jamesport 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.