MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 17 1961

-61-000841
STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 5433 Registrar's No. 8

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: UNION — Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI COUNTY: FRANKLIN
c. CITY OR TOWN: UNION — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R.R.1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First CONRAD Middle EDWARD Last PURSCHKE
4. DATE OF DEATH: Month JANUARY Day 7 Year 1961
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: DEC. 7 1893
9. AGE (last birthday): 67 — IF UNDER 1 YEAR: Months 1, Days; IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (City and state or country): UNION, MISSOURI
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: FRANK PURSCHKE
13b. MOTHER'S MAIDEN NAME: ANNA KRUTZ
14. NAME OF HUSBAND OR WIFE: DORA PURSCHKE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): W.W. ONE
16. SOCIAL SECURITY NO.:
17. INFORMANT: DORA PURSCHKE Address: R.R.1 UNION, MO.

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) Coronary occlusion — Interval between onset and death: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis — 10 years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).
(1) Coronary occlusion 8 days prior to death
(2) Diabetes Mellitus 5 years
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 June 1958 to 7 January 61 and last saw him alive on 4 January 1961
Death occurred at 9:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Wm P. Richardson, M.D.
22b. ADDRESS: Union, Missouri
22c. DATE SIGNED: 8 Jan 61
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: JAN. 10 1961
23c. NAME OF CEMETERY OR CREMATORY: ST. JOSEPH
23d. LOCATION (City, town, or county) (State): UNION, FRANKLIN, MO.
24. FUNERAL DIRECTOR: OLTMANN FUNERAL HOME ADDRESS: UNION, MO.
25. DATE RECD. BY LOCAL REG.: 1/9/61
26. REGISTRAR'S SIGNATURE: F.C. Hultmann

(Licensed Embalmer's Statement on Reverse Side)

JAN 18 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 Ralph Oltmann

Licensed Embalmer No. 4808

P. O. Address Union, 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.