MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-028379
STATE FILE NUMBER

AMENDED

Registration District No. 38 Primary Registration District No. 5121 Registrar's No. 550

FILED SEP 11 1961

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Perche Township Rt 7
Length of stay in 1b: LIFA
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt 7
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Boone
c. CITY OR TOWN Columbia
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rt 7
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First WILLIAM Middle CLAUDE Last PURDY

4. DATE OF DEATH: Month Sept Day 2 Year 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 5-24-1889
9. AGE (last birthday): 72
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): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Boone County, Mo
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Robert A. Purdy
13b. MOTHER'S MAIDEN NAME: Edna Frances Palmer
14. NAME OF HUSBAND OR WIFE: Fannie Daily

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: Ellis Purdy, San Francisco, Calif.

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) Penetrating injuries of the chest — INTERVAL BETWEEN ONSET AND DEATH: 20 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

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. ☐ 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.) Pinned beneath overturned tractor while at work on his farm
20c. TIME OF INJURY Hour 8:30 a.m. Month, Day, Year 9-2-61
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.) Farm
20f. CITY, TOWN, OR LOCATION Perche Tunshp. COUNTY Boone STATE Mo

21. I attended the deceased from Coroner's case to and last saw her/him alive on
Death occurred at 8:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Richard E Johnson, MD (Degree or title)
22b. ADDRESS Columbia, Mo
22c. DATE SIGNED 9-2-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept. 4, 1961
23c. NAME OF CEMETERY OR CREMATORY: Dripping Springs Cemetery
23d. LOCATION (City, town, or county) (State): Boone County, Mo.

24. FUNERAL DIRECTOR: Parker Funeral Service, Columbia, Mo.
ADDRESS
25. DATE RECD. BY LOCAL REG.: Sept. 4, 1961
26. REGISTRAR'S SIGNATURE: Mrs. R.E. Palmer

(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

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 Donald L Roberts

Licensed Embalmer No. 4722

P. O. Address Columbia 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.