

FILED FEB 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 104

 BIRTH NO. 49-012472 REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 8005 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>-----</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William Harold</u> b. (Middle) <u>Purtle</u> c. (Last) <u>Purtle</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 18 - 49</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>January 17-49</u>	9. AGE (In years last birthday) <u>---</u> IF UNDER 1 YEAR Months <u>---</u> Days <u>---</u> IF UNDER 6 WEEKS Hours <u>13</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>-----</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William H. Purtle</u>	13b. MOTHER'S MAIDEN NAME <u>Elenor V. Jones</u>	14. NAME OF HUSBAND OR WIFE <u>-----</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>---</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W.H. Purtle</u> ADDRESS <u>Merwin, Missouri</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Jan 18 1949</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Injury due to delivery</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>accumbent disease to mother</u> DUE TO (c) <u>toxicity of pregnancy</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>---</u>	19b. MAJOR FINDINGS OF OPERATION <u>9610</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>---</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Butler, MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>---</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>---</u>
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22. I hereby certify that I attended the deceased from Jan 17 to Jan 18, 1949, that I last saw the deceased alive on Jan 17, 1949, and that death occurred at Butler, Mo, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. S. Lay, M.D.</u>	23b. ADDRESS <u>Butler, Mo</u>	23c. DATE SIGNED <u>Jan 21 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan-19-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakhill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Butler, Missouri</u>
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DATE REC'D BY LOCAL REG <u>Jan 22 1949</u>	REGISTRAR'S SIGNATURE <u>Randall Kerney</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John S. Underwood</u> ADDRESS <u>Butler, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

RECEIVED
District Officer No. 7,
Date Filed 1-49-44
2-2-49

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 _____

Robert G. Steinbeck

Student Embalmer No. 300

working under my personal supervision.

Signed

Robert D. Steinbeck
Student Embalmer

Signed

John G. Woodward

Licensed Embalmer No.

3585

P. O. Address

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