

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9842**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **118**

0804  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>PETTIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>PETTIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SEDALIA</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SEDALIA</b> <b>6804</b>	
c. LENGTH OF STAY (in this place) <b>47 years</b>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>900 SOUTH MONITEAU</b>		d. STREET ADDRESS (If rural, give location) <b>900 SOUTH MONTEAU</b>	

3. NAME OF DECEASED a. (First) <b>NETTIE</b> b. (Middle) <b>M</b> c. (Last) <b>PURVES</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 15, 1950</b>		
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 20, 1874</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b></b> Days <b></b>	IF UNDER 4 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b></b>		11. BIRTHPLACE (State or foreign country) <b>New Haven, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Elijah Zumwalt</b>		13b. MOTHER'S MAIDEN NAME <b>Amanda Sullins</b>		14. NAME OF HUSBAND OR WIFE <b>Ruloff G. Purves</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>J.G. Purves, Sedalia, Mo.</b>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Respiratory Paralysis</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>3561</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>amyotrophic lateral sclerosis</b>		
	DUE TO (c) <b></b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **3-8-**, 19**46**, to **3-15**, 19**50**, that I last saw the deceased alive on **3-15-**, 19**50**, and that death occurred at **2:25 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J.M. Rodeman M.D.</b>	23b. ADDRESS <b>Sedalia Mo</b>	23c. DATE SIGNED <b>3-16-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Mar. 18, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Sedalia, Mo.</b>
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DATE REC'D BY LOCAL REG <b>3-21-50</b>	REGISTRAR'S SIGNATURE <b>J. Campbell M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. Seckert Sedalia, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAR 27  
District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 4-14-5a

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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 \_\_\_\_\_  
Student Embalmer

Signed W. H. Eckhart

Licensed Embalmer No. 3470

P. O. Address Sedalia, 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.