

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32210

State File No. ....

S. No. 300  
v. 10.48

FILED OCT 2 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 505

581  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <p align="center">Linne</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Mo.</p>		b. COUNTY <p align="center">Linne</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Marceline.</p>		c. LENGTH OF STAY (in this place) <p align="center">24 days</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Marceline, 0581</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">St. Francis</p>			d. STREET ADDRESS (If rural, give location) <p align="center">108 W Chicago .</p>		
3. NAME OF DECEASED (Type or Print) a. (First) <p align="center">Mary</p>		b. (Middle) <p align="center">CC</p>		c. (Last) <p align="center">Purdin.</p>	
4. DATE OF DEATH (Month) (Day) (Year) <p align="center">Sept. 19, 1952</p>		5. SEX <p align="center">Female</p>		6. COLOR OR RACE <p align="center">White</p>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Married</p>		8. DATE OF BIRTH <p align="center">April 10, 1886</p>		9. AGE (In years last birthday) Months Days <p align="center">66 5 9</p>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Housewife</p>		10b. KIND OF BUSINESS OR INDUSTRY <p align="center">Housewife</p>		11. BIRTHPLACE (State or foreign country) <p align="center">Macon County, Missouri</p>	
12. CITIZEN OF WHAT COUNTRY <p align="center">U.S.A</p>		13a. FATHER'S NAME <p align="center">G.S. Moore</p>		13b. MOTHER'S MAIDEN NAME <p align="center">Susan Ann Brady</p>	
14. NAME OF HUSBAND OR WIFE <p align="center">Chase H. Purdin</p>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">No None</p>		16. SOCIAL SECURITY NO. <p align="center">None</p>	
17. INFORMANT'S SIGNATURE OR NAME <p align="center">Chase H. Purdin</p>		ADDRESS <p align="center">Marceline, Mo.</p>		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, asphyxia, etc. It means the disease, injury, or complication which caused death.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p align="center">MEDICAL CERTIFICATION Chronic osteomyelitis of femur and tibia with generalized sepsis</p>		DUE TO (b) <p align="center">Fracture intracapsular of hip with open reduction &amp; pins</p>		DUE TO (c) <p align="center">Chronic nephritis, vascular Primary anemia</p>	
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <p align="center">Chronic nephritis, vascular Primary anemia</p>		INTERVAL BETWEEN ONSET AND DEATH <p align="center">7 wks 8 wks 2 1/2 yrs</p>		9030	
19a. DATE OF OPERATION <p align="center">9-21-52 9-4-52</p>		19b. MAJOR FINDINGS OF OPERATION <p align="center">Severe cerebral intracapsular fracture of femur.</p>		20. AUTOPSY <p align="center">158</p>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <p align="center">accident</p>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <p align="center">Home</p>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <p align="center">Marceline Linne Mo.</p>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <p align="center">July 15 1952 10 P.M.</p>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <p align="center">Slipped &amp; fell on floor</p>	
22. I hereby certify that I attended the deceased from <u>Aug 25, 1952</u> , to <u>Sept 19, 1952</u> , that I last saw the deceased alive on <u>Sept 19, 1952</u> , and that death occurred at <u>10:45 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <p align="center">John R. Dixon</p>		(Degree or title) <p align="center">M.D.</p>		23b. ADDRESS <p align="center">Brookfield Mo.</p>	
23c. DATE SIGNED <p align="center">9-19-52</p>		24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Burial</p>		24b. DATE <p align="center">9/21/52</p>	
24c. NAME OF CEMETERY OR CREMATORY <p align="center">Roselawn Cemetery</p>		24d. LOCATION (City, town, or county) (State) <p align="center">Marceline, Missouri.</p>			
DATE REC'D BY LOCAL REG. <p align="center">9/20/52</p>		REGISTRAR'S SIGNATURE <p align="center">Mary Jane Owens</p>		25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">James M. Langley</p>	
ADDRESS <p align="center">Marceline, Mo.</p>		(Licensed Embalmer's Statement on Reverse Side)			

OCT 22 1952

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 \_\_\_\_\_ X

..... X  
working under my personal supervision.

Student Embalmer No. .... X

Student ..... X  
Student Embalmer

Signed George W. Davalt

Licensed Embalmer No. 4799

P. O. Address Marceline, 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.