

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13894**

FILED MAY 11 1953

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **452**

396
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ALABAMA b. COUNTY Jefferson	
b. CITY OR TOWN SPRINGFIELD		c. CITY (If outside corporate limits, write RURAL and give township) BIRMINGHAM 8010	
c. LENGTH OF STAY (in this place) 4 DAYS		d. STREET ADDRESS (If rural, give location) 1503 MANHATTAN 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION COLONIAL HOTEL			

3. NAME OF DECEASED (Type or Print) a. (First) EVANS b. (Middle) LYNTON c. (Last) PURDY			4. DATE OF DEATH (Month) (Day) (Year) MAY 7 1953			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 22 1894	9. AGE: (In years last birthday) 58	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRAV. AUDITOR		10b. KIND OF BUSINESS OR INDUSTRY ILLINOIS CENTRAL R.R.		11. BIRTHPLACE (City and State or Foreign Country) / NEW ORLEANS, AL.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JACK PURDY	13b. MOTHER'S MAIDEN NAME ADELINE EVANS	14. NAME OF HUSBAND OR WIFE ESTER PURDY
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES W.W. # 1	16. SOCIAL SECURITY 800-05-1489	17. INFORMANT'S SIGNATURE OR NAME ESTER PURDY ADDRESS BIRMINGHAM ALA.
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probably Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) _____		

UNATTENDED BY A PHYSICIAN

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 4201 YES <input type="checkbox"/> NO <input 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) (Min.)	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 obtained the information from _____ that death occurred at **12:30a** from the causes and on the date stated above.

23a. SIGNATURE Edith Williamson (Degree or title) Deputy Registrar	23b. ADDRESS Greene County Court House Springfield, Missouri	23c. DATE SIGNED 5-7-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 5/8/53	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) BIRMINGHAM, ALA.
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DATE REC'D BY LOCAL REG. 5-7-53	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE H.H. LOHMEYER ADDRESS SPRINGFIELD, MO.
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(Licensed Embalmer's Statement on Reverse Side)

MAY 27 1958

VS
MAR 29 1958

000-01-10-008

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 Melton E. Hamel

Licensed Embalmer No. 3808

P. O. Address SPRINGFIELD, 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.