

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38136**

FILED DEC 2 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 389

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (In this place) <u>12 weeks</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kirkville Osteopathic Hosp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u> <u>0582</u>	
		d. STREET ADDRESS (If rural, give location) <u>413-Macon St.</u> <u>1</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <u>FLOY</u>	b. (Middle) <u>HALL</u>	c. (Last) <u>PURDIN</u>	<u>Nov. 26 1953</u>			
5. SEX <u>Female</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Aug. 16, 1885</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Month   Days	IF UNDER 10 HRS. Hour   Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>factory worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Browning Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Alonzo Purdin</u>	13b. MOTHER'S MAIDEN NAME <u>MARY ALEXANDER</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Earl N. Davis, La Plata Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		17. ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary failure</u>		DUE TO (b) <u>Cerebellar thrombosis</u>		<u>3 days</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>arteriosclerosis</u>		<u>3 mo.</u>
II. OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		<u>unknown</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
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 _____

22. I hereby certify that I attended the deceased from August 1, 1953, to November 26, 1953, that I last saw the deceased alive on Nov. 26, 1953, and that death occurred at 5:10 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Mt. Gutwinkle D.O.</u>	23b. ADDRESS <u>Kirksville Mo.</u>	23c. DATE SIGNED <u>1-26-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removed</u>	24b. DATE <u>11-26-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Purdin Cemetery</u>
24d. DATE REC'D BY LOCAL REG. <u>11-26-53</u>	24e. REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	24f. LOCATION (City, town, or county) (State) <u>Purdin Mo.</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wright Funeral Home</u>		25. ADDRESS <u>Brookfield, Mo.</u>

WRITE PLAINLY—USING UNFADING BLACK INK

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 \_\_\_\_\_

*Robert B. Davis*

Licensed Embalmer No. 4219

P. O. Address Kirksville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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