

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **9414**

No. 300
10.48

FILED APR 6 1954

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **95**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Marion	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal	c. LENGTH OF STAY (in this place) 1/14/54	a. STATE Missouri b. COUNTY Marion
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering		c. CITY OR TOWN Hannibal	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		e. STREET ADDRESS (If rural, give location) 904 Fulton	0644

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Mrs. Nannie Pearl Purdy	b. (Middle)	c. (Last)	(Month) March	(Day) 26	(Year) 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 6, 1878		9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months 10 Days 20 IF UNDER 12 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Audrain County Missouri	
13a. FATHER'S NAME J. J. Dailey		13b. MOTHER'S MAIDEN NAME Maggie Cottingham		14. NAME OF HUSBAND OR WIFE O. B. Purdy	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. XX	17. INFORMANT'S SIGNATURE OR NAME Mr. O. B. Purdy		ADDRESS Hannibal Missouri
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiac Vascular system DUE TO (c) Heart disease		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral hemiplegia		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443X	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) (m.)	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 1/14/54, 19___, to 3/26/54, 19___, that I last saw the deceased alive on 3/26/54, 19___, and that death occurred at 11:30P m., from the causes and on the date stated above.

23a. SIGNATURE D. L. Murphy M.D.	23b. ADDRESS Hannibal Mo	23c. DATE SIGNED 3/27/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/29/1954	24c. NAME OF CEMETERY OR CREMATORY Grand View
		24d. LOCATION (City, town, or county) (State) Hannibal Missouri

DATE REC'D BY LOCAL REG. 4-1-54	REGISTRAR'S SIGNATURE Dr. E. M. Lusk	1954	FUNERAL DIRECTOR'S SIGNATURE W. C. Fisher	ADDRESS Hannibal Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 5 1954
MARION CO. HEALTH DEPT.
DATE FILED APR 5 1954

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.....
Signature of Student Embalmer

Signed *John S. Ward*

Licensed Embalmer No...4540..

P. O. Address.....HANNIBAL.M.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.