

FILED AUG 10 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24192**
 BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 235

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY OR TOWN <b>Farmington Rural St. Francois</b>		c. CITY OR TOWN <b>Essex</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>2Y; 1Mo; 18 days</b>		e. STREET ADDRESS (If rural, give location) <b>10301</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri State Hospital No. 4</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Wesley</b> c. (Last) <b>Purcell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 19, 1954</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>1869</b>
9. AGE (In years last birthday) <b>85</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Spencer County, Indiana</b>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME <b>John Purcell</b>		13b. MOTHER'S MAIDEN NAME <b>Allie Brashear</b>	14. NAME OF HUSBAND OR WIFE <b>deceased - Mary Sparks</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Records, State Hospital No. 4, Farmington, Mo.</b>
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis - - - instantaneously.</b> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES DUE TO (b) <b>Arteriosclerotic Heart Disease - - Unknown.</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Psychosis with cerebral arteriosclerosis.</b>	
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) (Min.)	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 <b>May 31, 1952</b> , to <b>July 19, 1954</b> , that I last saw the deceased alive on <b>July 19, 1954</b> , and that death occurred at <b>12:10P m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>John A. Brennan M.D.</b> (Degree of title)		23b. ADDRESS <b>State Hospital No. 4, Farmington, Mo.</b>	23c. DATE SIGNED <b>7-20-54</b>
24a. BURIAL, CREMATION, OR OTHER DISPOSAL	24b. DATE <b>7-21-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Essex cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Essex, Mo.</b>
DATE REC'D BY LOCAL REG. <b>JULY 20, 1954</b>	REGISTRAR'S SIGNATURE <b>Esther Redloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins Funeral Ser. Dexter, Mo.</b> ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48940  
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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 Was not embalmed Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Walter March Walter.....

Licensed Embalmer No. 711.....

P. O. Address Deplin.....

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.