No. 300
10-48

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28151

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 33

0550 1

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Mt Vernon
c. LENGTH OF STAY (In this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Rt 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Corvallis 9360
d. STREET ADDRESS (If rural, give location): 9

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Lawson
c. (Last): Purcell

4. DATE OF DEATH (Month) (Day) (Year): Aug. 26 1954

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June-2-1888
9. AGE (In years last birthday): 66 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: 556-03-1266A
11. BIRTHPLACE (State or foreign country): Burlington Iowa
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: James Calvin Purcell
13b. MOTHER'S MAIDEN NAME: Sarah Virginia Torode
14. NAME OF HUSBAND OR WIFE: Audrey Purcell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 556-03-1266A
17. INFORMANT'S SIGNATURE OR NAME: Audrey Purcell
ADDRESS: Rt 1 Mt Vernon, Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Inanition and Debilitation — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Sarcomatosis — 4 mos
DUE TO (c): Primary Carcinoma of Intestines — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 153 X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 9, 1954, *to* Aug 26, 1954, *that I last saw the deceased alive on* Aug 26, 1954, *and that death occurred at* 11:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold E George DO
23b. ADDRESS: Mt Vernon, Mo
23c. DATE SIGNED: 8/28/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug-29-1954
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery
24d. LOCATION (City, town, or county) (State): Mt Vernon Mo

DATE REC'D BY LOCAL REG.: Aug. 29-54
REGISTRAR'S SIGNATURE: Cecil Hendricks
25. FUNERAL DIRECTOR'S SIGNATURE: Max L Jewett
ADDRESS: Mt Vernon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 27 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 _____
Student Embalmer

Signed Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address Mt Vernon, Mo.

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

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