

FILED SEP 8 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **29498**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **326** PRIMARY REG. DIST. NO. **4481** Registrar's No. **41**

1. PLACE OF DEATH a. COUNTY <b>Scotland</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Scotland</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Corin</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mt. Pleasant Rural 0990</b>	
c. LENGTH OF STAY (In this place) <b>6 year</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Roy</b>			b. (Middle) <b>Purvis</b>		
c. (Last) <b>Purvis</b>			(Month) (Day) (Year) <b>Aug. 30, 1954</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Nov. 3, 1890</b>		9. AGE (In years last birthday)
			IF UNDER 1 YEAR Months Days <b>63 9 27</b>		IF UNDER 18 HRS. Hours Mins. 
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>farmer</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Scotland County 0</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>W. A. Purvis</b>		13b. MOTHER'S MAIDEN NAME <b>Viola Chambers</b>		14. NAME OF HUSBAND OR WIFE <b>Anna V. Purvis</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>Anna V. Purvis</b>	
				ADDRESS <b>Corin, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Glomerulonephritis 5 years</b> DUE TO (c)		
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		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) <b>592 X</b>	
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 \_\_\_\_\_, 19\_\_\_\_, to **Aug 30, 1954**, that I last saw the deceased alive on **Aug. 30, 1954**, and that death occurred at **10:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. C. M. Sinker 2 A.O.</b>		23b. ADDRESS <b>Corin Mo.</b>		23c. DATE SIGNED <b>Aug 31, 1954</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Sept. 1, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bible Grove</b>	
				24d. LOCATION (City, town, or county) (State) <b>Bible Grove, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>9/30/54</b>		REGISTRAR'S SIGNATURE <b>Oliver G. Turner</b>		EMERALD DIRECTOR'S SIGNATURE <b>Heath B. Eckhart</b>	
				ADDRESS <b>Memphis Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

**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: Albert C. Guth

Licensed Embalmer No. 4257

P. O. Address Memphis

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.