

**STANDARD CERTIFICATE OF DEATH**

State File No. **7899**

**FILED MAR 28 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **6459** Registrar's No. **256**

390  
3

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Greene</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>New York</b> b. COUNTY <b>Monroe</b>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>Rural Center Twsp</b>		c. CITY OR TOWN <b>Rochester</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>enroute</b>		e. STREET ADDRESS (If rural, give location) <b>135 Bapcock Drive</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>5 mi NW Springfield</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) <b>MARK PURSER</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>March 20 1955</b>		
a. (First)	b. (Middle)		c. (Last)		
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>June 10, 1907</b>	<b>9. AGE</b> (In years last birthday) <b>47</b>	<b>10. IF UNDER 1 YEAR</b> Months _____ Days _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Representative</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Eatsman Kodak Co.</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Australia</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>(U.S.)</b>					

<b>13a. FATHER'S NAME</b> <b>Unknown</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Frances Purser</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>Yes</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Frances Purser, Rochester, New York</b>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>instant</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Skull fracture</b>		II. OTHER SIGNIFICANT CONDITIONS <b>Crushed chest, broken right tibia &amp; fibula</b>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>E86 b X 39</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE</b> (Specify) <b>Accident</b>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Center Twsp</b>		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>Center Twsp Greene Mo.</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <b>March 20 1955 P.m.</b>		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <b>Plane Crash</b>	

**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_ and that death occurred at 10:45 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>E. Allen Pickens, M.D.</b>		<b>23b. ADDRESS</b> <b>Springfield, Missouri</b>		<b>23c. DATE SIGNED</b> <b>3-21-55.</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>		<b>24b. DATE</b> <b>March 22, 1955</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Unknown</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Rochester, New York</b>					

<b>DATE REC'D BY LOCAL REG.</b> <b>3-22-55</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Edith Williamson</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Alma Schmeier, Springfield, Mo.</b>	
---	--	---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

MS JUL 1 1959

APR 5 1955

APR 11 1955

APR 5 1955

JUN 2 1955

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. 513 working under my personal supervision..

Student Murray Wilson  
Signature of Student Embalmer

Signed Bernard F. Wright

Licensed Embalmer No. 139

P. O. Address Springfield

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.