

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18422**

FILED JUL 13 1955

BIRTH NO. _____		REG. DIST. NO. 134		PRIMARY REG. DIST. NO. 5491		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY Harrison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Harrison			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Clay Twp.		c. LENGTH OF STAY (in this place) 69 years		c. CITY (If outside corporate limits, write RURAL and give township) Rural Clay Twp. 2410			
d. FULL NAME OF HOSPITAL OR INSTITUTION 10 miles N. W. of Cainsville				d. STREET ADDRESS (If rural, give location) 10 miles N. W. of Cainsville,			
3. NAME OF DECEASED (Type or Print) a. (First) Isum		b. (Middle) David		c. (Last) Purdun		4. DATE OF DEATH (Month) (Day) (Year) May 18 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 3, 1876	
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		IF UNDER 15 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General farm		11. BIRTHPLACE (City and State or Foreign Country) Decatur Co., Iowa.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Hosea B. Purdun		13b. MOTHER'S MAIDEN NAME Elizabeth Ann Turpin		14. NAME OF HUSBAND OR WIFE Martha Ann Purdun. (Deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Purdun Blythedale, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Embolus DUE TO (c) Hypertensive Heart Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 48 hrs 10 days 6 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. 443x				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 11-15, 1953 , to 5-18, 1955 , that I last saw the deceased alive on 5-18-55 , 19 55 , and that death occurred at 3:45 P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Warrant H. Thoenig D. O.				23b. ADDRESS Bethany, Missouri.		23c. DATE SIGNED 5-20-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 21, 1955		24c. NAME OF CEMETERY OR CREMATORY Akron Cemetery		24d. LOCATION (City, town, or county) (State) RFD Blythedale, Mo.	
DATE REC'D BY LOCAL REG. 6-30-1955		REGISTRAR'S SIGNATURE S. Pha Shaw, Cainsville		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Cainsville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

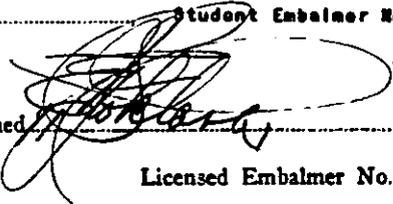
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, by

Eddie J. Stoklasa

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed  _____

Licensed Embalmer No. 3602

P. O. Address Cainsville, Mo.

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