

FILED NOV 8 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34480

BIRTH NO. _____		REG. DIST. NO. 311		PRIMARY REG. DIST. NO. 4457		Registrar's No. 29			
1. PLACE OF DEATH a. COUNTY <u>St Clair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St Clair</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Appleton City</u>		c. LENGTH OF STAY (in this place) <u>3 weeks</u>		c. CITY OR TOWN <u>Faberville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Clifford Memorial Hosp</u>				e. STREET ADDRESS (If rural, give location) <u>in Faberville</u> 2403					
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Philomena Catherine</u>			b. (Middle) <u>Purinton</u>			
c. (Last) _____			4. DATE OF DEATH		(Month) (Day) (Year)				
<u>10-27-1955</u>									
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH			
<u>unwed</u>		<u>unwed</u>		<u>10-22-1993</u>		<u>61</u>			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housekeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?		
<u>Montrose Mo</u>			<u>U.S.A.</u>						
13a. FATHER'S NAME <u>Joseph J Cook</u>			13b. MOTHER'S MAIDEN NAME <u>Theresa Koebel</u>			14. NAME OF HUSBAND OR WIFE <u>John C Purinton</u>			
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.		17. INFORMANT'S SIGNATURE OR NAME		ADDRESS			
				<u>Florence Haybach</u>		<u>Montrose Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				DUE TO (b) _____					
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS					
Conditions contributing to the death but not related to the disease or condition causing death.				<u>175X</u>					
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 <u>1 May 1955</u> to <u>27 Oct, 1955</u> , that I last saw the deceased alive on <u>27 Oct, 1955</u> and that death occurred at <u>11:35 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W. T. [Signature]</u>		(Degree or title)		23b. ADDRESS <u>Appleton City</u>		23c. DATE SIGNED <u>27 Oct 1955</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)			
<u>Burial</u>		<u>10-29-1955</u>		<u>Germanatown Cem</u>		<u>Montrose Mo</u>			
DATE REC'D BY LOCAL REG. <u>Oct. 31, 1955</u>		REGISTRAR'S SIGNATURE <u>Elio Abney</u>		285		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sickman-Dunning</u>		ADDRESS <u>Clinton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Robert L. Duncanson*

Licensed Embalmer No. *# 77*

P. O. Address *Clinton*

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.