

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8935

State File No. ....

FILED APR 11 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 5546 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <b>Howard</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>Franklin Twsp.</b>		c. LENGTH OF STAY (In this place) <b>3 Yrs.</b>	c. CITY OR TOWN <b>Boonsboro</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At home, Franklin Twsp.</b>			e. STREET ADDRESS (If rural, give location) <b>R.F.D.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lawrence</b>		b. (Middle) <b>Jerry</b>	c. (Last) <b>Purvis.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 17 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <b>Never Married</b>	8. DATE OF BIRTH <b>March 26" 1940</b>	9. AGE (In years last birthday) <b>15</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Father's farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Boonville, Missouri.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Gregory Purvis</b>		13b. MOTHER'S MAIDEN NAME <b>Gertrude Foster</b>		14. NAME OF HUSBAND OR WIFE <b>-----</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>-----</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Gregory Purvis, Boonsboro, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	<p style="text-align: center;"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Contusion &amp; Crushed Chest</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.				INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		9121 3		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <b>SHOULDER HOMICIDE - Accident farm</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>farm</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Howard Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>3-17-56 3PM</b>	21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Tractor Turned</b>			
22. I hereby certify that I attended the deceased from <b>3-17</b> , 19 <b>56</b> , to <b>3-17</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>3-17</b> , 19 <b>56</b> , and that death occurred at <b>309</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>W. Bloom M.D.</b> (Degree or title)			23b. ADDRESS <b>Fayette Mo</b>		23c. DATE SIGNED <b>3-22-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>March 20" /1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Grove</b>	24d. LOCATION (City, town, or county) (State) <b>Boonville, Missouri.</b>		
DATE REC'D BY LOCAL REG. <b>3-22-56</b>	REGISTRAR'S SIGNATURE <b>Mary K. Shell</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Goodman &amp; Boller, Boonville, Mo.</b>		

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

436-6

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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: *William W. Wood*

Licensed Embalmer No. 4539

P. O. Address Boonville, M

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.