

FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4253

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WASHINGTON		c. CITY OR TOWN WASHINGTON	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) R.R. # 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. FRANCIS HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) H. c. (Last) PURSCHKE			4. DATE OF DEATH (Month) (Day) (Year) FEB. 16, 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 19, 1885	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR (Month) (Day) 10 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and State or Foreign Country) UNION, MO.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME FRANK PURSCHKE		13b. MOTHER'S MAIDEN NAME ANNA GROTZ		14. NAME OF HUSBAND OR WIFE ELLANORA PURSCHKE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ELLANORA PURSCHKE R.R.#2 WASHINGTON	

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) Myocardial Degeneration		DUPLICATE Generalized arteriosclerosis			2 yrs
* This does not mean the mode of dying, such as heart failure, ashenia, 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) Bronchitis			10 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic asthma		Perinephritis 4221			5 years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" 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 **5 Dec 1957**, to **16 Feb 1957**, that I last saw the deceased alive on **16 Dec 1957**, and that death occurred at **5:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thos. Richardson, M.D.		23b. ADDRESS Union, Mo		23c. DATE SIGNED 18 Feb 57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-19-57	24c. NAME OF CEMETERY OR CREMATORY IMMACULATE CONCEPTION		24d. LOCATION (City, town, or county) (State) UNION, MO.	

DATE REC'D BY LOCAL REG. Feb. 18, 1957		REGISTRAR'S SIGNATURE R.P. Schumann		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ralph Ottens Union, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

99-C

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 *Ralph Ottman*

Licensed Embalmer No. *4808*

P. O. Address *Union, W.*

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.