Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-028129

STATE FILE NUMBER

FILED SEP 12 1958 Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY Barry
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Cassville — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Ivy Street — Length of stay in lb 10 mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Barry
c. CITY OR TOWN Cassville 0059 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) Ivy Street — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First ALEXANDER Middle Last PURVES

4. DATE OF DEATH Month Sept. Day 4, Year 1958

5. SEX male 0
6. COLOR OR RACE white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH October 8, 1881
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) rural mail carrier
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Scotland 4
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Alexander Purves, Sr.
13b. MOTHER'S MAIDEN NAME Mary Patterson
14. NAME OF HUSBAND OR WIFE Marie Johnson Purves

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 513-123-446A
17. INFORMANT Address Mrs. Marie Purves-Cassville, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of Prostate. — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 177 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 18, 1958, to Sept 4, 1958 and last saw him alive on August 31, 1958
Death occurred at 12:55 P. m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Vance E. Cardling, D.O.
22b. ADDRESS Cassville, Mo.
22c. DATE SIGNED 9-5-58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 9-7-1958
23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery
23d. LOCATION (City, town, or county) (State) Clay Center, Kansas

24. FUNERAL DIRECTOR Culver's — ADDRESS Cassville, Missouri
25. DATE RECD. BY LOCAL REG. Sept 5-1958
26. REGISTRAR'S SIGNATURE Grace Williams

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 958-181

DATE REC. 9-8-58

SEP 18 1958

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 Paul D. Herbert

Licensed Embalmer No. 4576

P. O. Address Cassville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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