

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035985  
STATE FILE NUMBER

FILED NOV 3 1958 Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 271

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Washington</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>300 E. Fifth St.</u>		Length of stay in lb <u>84 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>300 E. Fifth St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First John Middle Emory Last Purves

4. DATE OF DEATH Month Oct. Day 29 Year 1958

5. SEX Male 6. COLOR OR RACE White 7. MARRIED  NEVER MARRIED  8. DATE OF BIRTH Nov. 21, 1873

9. AGE (In years last birthday) 84 10. FUNDER 1 YEAR Months 11 Days 8 IF UNDER 24 HRS. Hours  Min.

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Ret. Auto Dealer 10b. KIND OF BUSINESS OR INDUSTRY Auto Dealer 11. BIRTHPLACE (City and state or country) Washington, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John W. Purves 13. MOTHER'S MAIDEN NAME Cynthia Gregory 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT James A. Dittmore Address Washington, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Uremia INTERVAL BETWEEN ONSET AND DEATH 2 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Nephritis 3 yrs

DUE TO (c) Prostatic Urinary Ob. struction 10 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arterio sclerotic cardiac Disease 610X 19. WAS AUTOPSY PERFORMED? YES  NO

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 Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT  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 10-1-48 to 10-29-58 and last saw her alive on 10-28-58  
Death occurred at 11:55 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B. A. Stuhlman M.D. 22b. ADDRESS Union, Mo 22c. DATE SIGNED 10-31-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Nov. 1, 1958 23c. NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery 23d. LOCATION (City, town, or country) (State) Washington, Mo.

24. FUNERAL DIRECTOR Nieburg & Witt, Inc. Washington, Mo ADDRESS 54 W. 11th 25. DATE RECD. BY LOCAL REG. 11/1/58 26. REGISTRAR'S SIGNATURE B. A. Stuhlman

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc.: must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *Lester A. Zeit* .....  
Licensed Embalmer No. *3254* .....

P. O. Address *Washington, 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.