

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-039091

FILED VS OCT 17 1960

Registration District No. 227 Primary Registration District No. 5804 Registrar's No. 35

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Monroe				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Monroe.						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Paris Township Jacks.		Length of stay in 1b 6 Mo.		c. CITY OR TOWN Santa Fe, Missouri.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Plesant View Rest Home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (if outside, give location) Monroe Co., Mo.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First ROY Middle LEE Last PURVIS				4. DATE OF DEATH Month Sept Day 26 Year 1960						
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-28-82	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Ralls County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Rubin Purvis			13b. MOTHER'S MAIDEN NAME Amanda Purvis.			14. NAME OF HUSBAND OR WIFE Genia Purvis.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Address Walker Carter. Santa Fe, 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) Cerebral Embolism DUE TO (b) and - 5 then DUE TO (c) Conditions, if any, which gave rise to, above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 10 Days 2ND			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/>		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 Sept 16 to Sept 26 and last saw her/him alive on Sept 26 Death occurred at 9:15 P. on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <i>W. M. R. [Signature]</i> (Degree or title) M.D.				22b. ADDRESS Paris, Mo.				22c. DATE SIGNED 9-29-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-29-60	23c. NAME OF CEMETERY OR CREMATORY Lickcreek Cemetery.		23d. LOCATION (City, town, or county) Perry, Mo. (State)					
24. FUNERAL DIRECTOR <i>[Signature]</i> ADDRESS Perry, Mo.				25. DATE RECD. BY LOCAL REG. Oct. 13 - 1960		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clyde C. Wilkey

Licensed Embalmer No. 3820

P.O. Address Perry, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.