

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-018813

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 46

FILED MAY 2 1963

DO NOT WRITE ON THIS STUB
 AMENDED

VS 300
 Rev. 4/59

1 1070

2 1070

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4 0

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7 0

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9 773.5

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11 121-2

12 134-0

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Houston</u>		Length of stay in 1b	c. CITY OR TOWN <u>Raymondville</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>Tex. Co. Memorial</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Raymondville</u>
3. NAME OF DECEASED (Type or print) <u>William Robert Pursifull</u>			4. DATE OF DEATH Month <u>April</u> Day <u>25</u> Year <u>1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-21-63</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR. Months <u>4</u> Days <u>2</u> Hours <u>4</u> Min.
11. BIRTHPLACE (City and state or country) <u>Houston, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert Lee Pursifull</u>		13b. MOTHER'S MAIDEN NAME <u>Lais Jean Brewer</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Robert Lee Pursifull</u> Address <u>Raymondville, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac + pulmonary arrest.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 days.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cardiac + pulmonary insufficiency</u>			
DUE TO (c) <u>Extreme prematurity</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Infant was not fully developed, was born at 7 months gestation</u>			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 <u> </u> a.m. <u> </u> p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT 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 <u>4-20-63</u> to <u>4-25-63</u> and last saw <u>her</u> alive on <u>4-25-63</u> Death occurred at <u>approx 12:30 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>B. J. Myers, D.O.</u> (Degree or title)		22b. ADDRESS <u>Licking, Mo.</u>	22c. DATE SIGNED <u>4-27-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-26-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Boonscreek Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Licking, Missouri</u>
24. FUNERAL DIRECTOR <u>L. F. Evans</u> ADDRESS <u>Houston, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-30, 63</u>	26. REGISTRAR'S SIGNATURE <u>Myrtle Craig</u>

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

Levell C. Chung

Licensed Embalmer No.

4766

P. O. Address

Mtn Grove, 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.