

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-043684**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 139 Primary Registration District No. 4225 Registrar's No. 79

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB  
 AMENDED

|   |   |
|---|---|
| <b>FILED NOV 26 1963</b>  |   |
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <b>Holt</b><br><br>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Oregon</b> Length of stay in 1b <b>2 mos.</b><br><br>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Browne Nursing Home</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Iowa</b> b. COUNTY <b>Story</b><br><br>c. CITY OR TOWN <b>Ames - rural</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br><br>d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>3. NAME OF DECEASED</b> First Middle Last <b>Rebecca Isabelle Purvis</b>   |   |
| <b>4. DATE OF DEATH</b> Month Day Year <b>November 19, 1963</b>   |   |
| <b>5. SEX</b><br><b>F.</b>  | <b>6. COLOR OR RACE</b><br><b>White</b>   |
| <b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>  | <b>8. DATE OF BIRTH</b><br><b>8/22/1881</b>   |
| <b>9. AGE</b> (last birthday) <b>82</b>   |   |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>   |   |
| <b>10b. KIND OF BUSINESS OR INDUSTRY</b>  |   |
| <b>11. BIRTHPLACE</b> (City and state or country) <b>Ames, Iowa - rural</b>   |   |
| <b>12. CITIZEN OF WHAT COUNTRY</b> <b>USA</b>   |   |
| <b>13a. FATHER'S NAME</b> <b>Charles Wills</b>  |   |
| <b>13b. MOTHER'S MAIDEN NAME</b> <b>Jane Ball</b>   |   |
| <b>14. NAME OF HUSBAND OR WIFE</b> <b>Garfield Purvis</b>   |   |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>   |   |
| <b>16. SOCIAL SECURITY NO.</b>  |   |
| <b>17. INFORMANT</b> <b>Mrs. Lyle Enfield Savannah, Mo.</b> Address   |   |
| <b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>CONGESTIVE HEART FAILURE</b> INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b><br><br>DUE TO (b) <b>CARDIO-VASCULAR RENEAL Disease</b> <b>5 years.</b><br><br>DUE TO (c)   |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  |   |
| <b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |   |
| <b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>  |   |
| <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)   |   |
| <b>20c. TIME OF INJURY</b> Hour Month, Day, Year<br>a.m. p.m.   |   |
| <b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>  |   |
| <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   |
| <b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE  |   |
| <b>21. I attended the deceased from</b> <u>9-23-63</u> to <u>11-19-63</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>11-19-63</u><br>Death occurred at: <u>2:35</u> P. m on the date stated above, and to the best of my knowledge, from the causes stated.   |   |
| <b>22a. SIGNATURE</b> (Degree or title) <b>Howard E. Colbin, M.D.</b>   |   |
| <b>22b. ADDRESS</b> <b>Oregon Mo.</b>   |   |
| <b>22c. DATE SIGNED</b> <b>11-20-63</b>   |   |
| <b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>  |   |
| <b>23b. DATE</b> <b>11/22/63</b>  |   |
| <b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Walnut Grove</b>   |   |
| <b>23d. LOCATION</b> (City, town, or county) (State) <b>Ames, Iowa</b>  |   |
| <b>24. FUNERAL DIRECTOR</b> <b>JAMES H. CRAWFORD</b> ADDRESS <b>Mound City, Mo.</b>   |   |
| <b>25. DATE RECD. BY LOCAL REG.</b> <b>11-21-1963</b>   |   |
| <b>26. REGISTRAR'S SIGNATURE</b> <i>James H. Crawford</i>   |   |

VS 300  
Rev. 4/59

1 044

2 8/10

3

4 1

5 2

6

7 1

8 2

9 4/2x

10

11

12 86-2

13 10

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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

*James H. Crawford*

Licensed Embalmer No. 4796

P. O. Address Mountain City, 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.