

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10352

State File No. ....

Registrar's No. **2326**

BIRTH NO. **FILED MAR 19 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>2189</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>18</b>	c. CITY OR TOWN <b>Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3536 Clark</b>			e. STREET ADDRESS (If rural, give location) <b>3536 Clark</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Julia</b>		b. (Middle) <b>Henrietta</b>	c. (Last) <b>Purnell</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 11, 1954</b>	
5. SEX <b>F 3</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 1, 1908</b>	9. AGE (In years last birthday) <b>45</b>	IF UNDER 1 YEAR Months <b>7</b> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Social Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Welfare Office</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Liberty, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Henry Pearlle</b>		13b. MOTHER'S MAIDEN NAME <b>Margie Bright</b>	14. NAME OF HUSBAND OR WIFE <b>James Purnell</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>493 22 7778</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>James Purnell, 3536 Clark</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic Carcinoma Brain</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Lung Carcinoma right</b> DUE TO (c) <b>Operated at Boyne's 1932.</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>162x</b>			
22. I hereby certify that I attended the deceased from <b>August 1932</b> , to <b>March 11, 1954</b> , that I last saw the deceased alive on <b>March 10, 1954</b> , and that death occurred at <b>6:15 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Clair N. Carter M.D.</b>		23b. ADDRESS <b>2605 Franklin</b>		23c. DATE SIGNED <b>3/12/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Ship</b>	24b. DATE <b>March 15, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Liberty, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>MAR 13 1954</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>E. Hoanue</b>		ADDRESS <b>1221 N. Grand</b>	

B.A. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

**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.....  
*Guyton Swan*

Licensed Embalmer No. *450*

P. O. Address *1251<sup>st</sup> Grand*

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.