

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

66 0052132

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 336 Primary Registration District No. 6129 Registrar's No. 329

FILED JAN 6 1967

VS 300 Rev. 4/59

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DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
SHOULD READ
BY AFFIDAVIT OF

DOCUMENT
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY SHANNON		2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission) a. STATE MO b. COUNTY SHANNON	
b. CITY (If outside corporate limits give TOWNSHIP only) REC. - GLADDEN, MO		c. CITY OR TOWN REC. - GLADDEN, MO	
Length of stay in lb SACKSON TW. LIFE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) AT HOME		d. STREET ADDRESS (If outside, give location) RECTOR TSHIP	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) ORIN GRAY PURCELL		4. DATE OF DEATH DEC 31, 1966	
5. SEX M	6. COLOR OF RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-12-1881
9. AGE (last birthday) 85		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY -----	
11. BIRTHPLACE (City and state or country) Akers, Mo.		12. CITIZEN OF WHAT COUNTRY AMERICAN	
13a. FATHER'S NAME Frank Purcell		13b. MOTHER'S MAIDEN NAME Saeah Dooley	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) UNKNOWN	
16. SOCIAL SECURITY NO. No		17. INFORMANT George Purcell Gladden, 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) MYOCARDIAL INFARCTION DUE TO (b) CORONARY OCCLUSION DUE TO (c) CORONARY THROMBOSIS		INTERVAL BETWEEN ONSET AND DEATH 10 min 8 min 5 min	
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 checked="" 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.		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, etc.) AT HOME		20f. CITY, TOWN, OR LOCATION POST MORTEM ON 12-31-66	
21. I attended the deceased from 9 and last saw him/her alive on ON 12-31-66 Death occurred at 9 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree and title) Penton Wilson, M.D. - Coroner	
22b. ADDRESS Eminence, Mo.		22c. DATE SIGNED 12-31-66	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-3-1967	23c. NAME OF CEMETERY OR CREMATORY Rector Cem.	23d. LOCATION (City, town, or county) (State) Shannon County, Mo.
24. FUNERAL DIRECTOR Spencer Funeral Home Salem, Mo.		25. DATE RECD. BY LOCAL REG. 1-5-67	26. REGISTRAR'S SIGNATURE Mabel Rees

USE BLACK INK OR TYPEWRITER RIBBON

JAN 19 1967

AT HOME
ORIN GRAY PURCELL
DEC 31, 1966
RECTOR TUNE X
MO SHANNON
REC. - GLADEN, MO. LIFE
MO SHANNON
RECTOR TUNE X
DEC 31, 1966
AMERICAN

JAN 24 1967

UNKNOWN

STATEMENT BY LICENSED EMBALMER
MYOCARDIAL INFARCTION
CORONARY OCCLUSION
TUBERCULOSIS

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 Charles D. Parton

Licensed Embalmer No. 5107
P. O. Address Salem, Mo.

AT HOME
PORT WALTER ON 12-31-66

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.

12-31

W. W. W. W. W.