

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

42617

State File No. \_\_\_\_\_

DEC 18 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 2001 PRIMARY REG. DIST. NO. 2001 Registrar's No. 540

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

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>	c. LENGTH OF STAY (In this place) <b>3 DAYS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b> <span style="float: right;">0495</span>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>2326 KENTUCKY</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>EDWARD</b>	b. (Middle) <b>DEE</b>	c. (Last) <b>PURKETT</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 4, 1952</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JUNE 18, 1883</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PRESIDENT; PURKETT</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>LAUNDRY &amp; MFG.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>MO. HUTCHINSON, KANSAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>THOMAS PURKETT</b>	13b. MOTHER'S MAIDEN NAME <b>FRANCIS BIGGER</b>	14. NAME OF HUSBAND OR WIFE <b>ANN LOUISE PURKETT</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>UNK</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ANN LOUISE PURKETT, 2326 KENTUCKY</b>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <b>6 weeks</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>4201</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **March 5, 1952 to Dec 4, 1952**, that I last saw the deceased alive on **Dec 4, 1952**, and that death occurred at **7 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Richard M. Metchie, M.D.</b>	23b. ADDRESS <b>607 Francis Bell, Joplin Mo</b>	23c. DATE SIGNED <b>12-5-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>12-8-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill Mausoleum</b>	24d. LOCATION (City, town, or county) (State) <b>Oklahoma City Okla.</b>
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DATE REC'D BY LOCAL REG. <b>12-5-52</b>	REGISTRAR'S SIGNATURE <b>W. J. [Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. J. [Signature]</b>	ADDRESS <b>Steve Park Mortuary, Joplin, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-15-52  
Jasper County Health Office

County File Number 52/12/972

Date Filed 12-15-52

FEB 13 1953

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 .....  
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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 this body is not embalmed, fact should be so stated above.