

FILED JAN 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1777

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <i>Dunklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Winnemoot</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Winnemoot</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Caruthersville</i>	
c. LENGTH OF STAY (in this place) <i>5 hrs.</i>		d. STREET ADDRESS (If rural, give location) <i>604 Laurant</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Personall Hospital</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Betty</i> b. (Middle) <i>Lou</i> c. (Last) <i>Murrell</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Jan 22 - 1949</i>		
5. SEX <i>F</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	
8. DATE OF BIRTH <i>July 11 - 1941</i>		9. AGE (In years last birthday) <i>7</i> IF UNDER 1 YEAR Months <i>6</i> Days <i>11</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>school girl</i>	
11. BIRTHPLACE (State or foreign country) <i>Brama Ridge, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			

13a. FATHER'S NAME <i>Shady O Murrell</i>		13b. MOTHER'S MAIDEN NAME <i>Arnett Fisher</i>		14. NAME OF HUSBAND OR WIFE <i>none.</i>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <i>Shady O Murrell</i> ADDRESS <i>Caruthersville, Mo.</i>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bilateral Bronchial Pneumonia following measles</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>measles</i> DUE TO (c) <i>Cardiac failure</i>				INTERVAL BETWEEN ONSET AND DEATH	
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 <i>491</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE (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? <i>J</i>		

22. I hereby certify that I attended the deceased from *1-21*, 1949, to *1-22*, 1949, that I last saw the deceased alive on *1-22*, 1949, and that death occurred at *1:25 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>B.K. Presnell</i> (Degree or title)		23b. ADDRESS <i>M.P. Bennett, Mo.</i>		23c. DATE SIGNED <i>1-24-49</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>1-22-49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Little Prairie Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>Caruthersville, Mo.</i>	
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DATE REC'D BY LOCAL REG. <i>1-24-49</i>		REGISTRAR'S SIGNATURE <i>Earl Husband</i>		90		25. FUNERAL DIRECTOR'S SIGNATURE <i>La Forge Und. Co.</i> ADDRESS <i>Caruthersville Mo.</i>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. 2

District File Number 149-16

Date Filed 1-26-47

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.

Signed Boytt B. Willis

Signed.....

Student Embalmer

(Licensed Embalmer No. 4603)

P. O. Address Canthersville, 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.