

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9441

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>101</u>			
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; address before admission) a. STATE <u>Mo</u>				b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>2 1/2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		b. COUNTY <u>Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>208 W. HENRY</u>				d. STREET ADDRESS (If rural, give location) <u>208 W. Henry</u>					
3. NAME OF DECEASED (Type or Print) <u>MINTA</u>			a. (First) <u>MORPELL</u>			c. (Last) <u>COUNCE</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>3-21-1949</u>		5. SEX <u>3</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>12-22-1894</u>	
9. AGE (In years, months, days) <u>55</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Columbus Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Albert Morpell</u>			13b. MOTHER'S MAIDEN NAME <u>Carrie Bonds</u>			14. NAME OF HUSBAND OR WIFE <u>E. C. Counce</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Amanda B. Ewing</u>				ADDRESS <u>St Louis Mo</u>	
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) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hypertensive Cardiovascular Disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1 +</u>						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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR					
22. I hereby certify that I attended the deceased from <u>7 Feb 1949</u> to <u>21 Mar 1949</u> , that I last saw the deceased alive on <u>18 Mar 1949</u> , and that death occurred at <u>3 P. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Carl D. Siegel M.D.</u>				23b. ADDRESS <u>1151 East Fourth St</u>			23c. DATE SIGNED <u>23 Mar 49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-24-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Annex</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia Pettis Mo</u>			
DATE REC'D BY LOCAL REG. <u>3-24-1949</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager Deputy</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>W. D. Ferguson</u>		ADDRESS <u>Sedalia Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3-30-49

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 _____

F. D. Ferguson

Signed _____

Student Embalmer

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.