

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8236

FILED APR 5 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fayette</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Glasgow Mo. 64501</u>	
c. LENGTH OF STAY (If in place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>Anthony</u>	b. (Middle) <u>—</u>	c. (Last) <u>GORRELL</u>	(Month) (Day) (Year) <u>Mar. 25, 1951</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Sept. 25, 1901</u>	9. AGE (In years last birthday) <u>49</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Lumber</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Saw-mill</u>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Edward GORRELL</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Harmon</u>	14. NAME OF HUSBAND OR WIFE <u>Never Married</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>487-01-5578</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Phillip Nordmeyer</u>	18. ADDRESS <u>Glasgow 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Chronic Alcoholism</u>  DUE TO (c)		<u>13 mo</u>
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 <u>3221</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 3-25, 1951, to 3-25, 1951, that I last saw the deceased alive on 3-25, 1951, and that death occurred at 8 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. J. Bloom</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Fayette Mo</u>	23c. DATE SIGNED <u>2-28-51</u>
--------------------------------------	----------------------------------	-----------------------------------	------------------------------------

24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 27, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington</u>	24d. LOCATION (City, town, or county) (State) <u>Glasgow Mo.</u>
---	-----------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>3-28-51</u>	REGISTRAR'S SIGNATURE <u>Mary L. Shell</u>	FUNERAL DIRECTOR'S SIGNATURE <u>436 W. Studley - Fremont</u>	ADDRESS <u>Glasgow Mo.</u>
--	---	---	-------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

45  
3

RECEIVED 4-4-51

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 4-4-51 .....

APR 5 1951

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 .....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed *W. J. Freeman* .....

Signed .....

Student Embalmer

Licensed Embalmer No. *4978* .....

P. O. Address *Glasgow, 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.