

SEP 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29655

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 252

1. PLACE OF DEATH a. COUNTY Callaway Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Callaway.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Portland, Mo. Rural 0140	
c. LENGTH OF STAY (in this place) 7 Days		d. STREET ADDRESS (If rural, give location) Auxvasse T.S.P.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway Co Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Kathryn b. (Middle) Lee c. (Last) Murrell,			4. DATE OF DEATH (Month) (Day) (Year) Sept 11th 1951		
5. SEX 3 Female		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH March 26th 1920		9. AGE (In years last birthday) 31		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work	
11. BIRTHPLACE (State or foreign country) Portland, Mo. Rural 0		12. CITIZEN OF WHAT COUNTRY? U.S.		10b. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME Jack Murrell,		13b. MOTHER'S MAIDEN NAME Maude Ida Glice,		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 491-36-7222		17. INFORMANT'S SIGNATURE OR NAME Maude Murrell Portland Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Renal Infarcts		INTERVAL BETWEEN ONSET AND DEATH 1-2 wks	

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Subacute Bacterial Endocarditis 9 mo.		DUE TO (c) 4300	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 Sept 3, 1951, to Sept 11, 1951, that I last saw the deceased alive on Sept 10, 1951, and that death occurred at 1:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lloyd E. Hutchins, M.D.		23b. ADDRESS Fulton, Missouri		23c. DATE SIGNED 9/12/1951	
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24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE Sept 13-1951		24c. NAME OF CEMETERY OR CREMATORY vuctan Cemetery	
24d. LOCATION (City, town, or county) vuctan, Mo.		24e. NAME OF CEMETERY OR CREMATORY		24f. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL REG. Sept 12-1951		REGISTRAR'S SIGNATURE Muretta Lawrence 426		25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0143

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 17 1951

RECEIVED

STATEMENT BY LICENSED EMBALMER

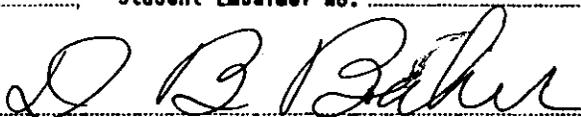
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3375

P. O. Address Americus, 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.