

FILED DEC 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38340

State File No. ....

BIRTH NO. .... REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 355

804

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

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>624 E. 16th St</u>		d. STREET ADDRESS (If rural, give location) <u>624 E. 16th St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Richard</u> c. (Last) <u>Murrell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 15, 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 25, 1871</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer, retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (State or foreign country) <u>LaMonte, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>James Murrell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Margaret Robinson</u>		14. NAME OF HUSBAND OR WIFE <u>Laura B. Murrell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Laura B. Murrell, Sedalia, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYO CARDITIS WITH ABRICULAR FIBRILLATION</u>			INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOW</u>	
II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) } <u>UNKNOWN</u> DUE TO (c) }		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>DENTAL CARIES</u> <u>ANEMIA</u>				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</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) <u>SEDALIA, PETTIS, MO</u>	
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 8 NOV, 1951, to 15 NOV, 1951, that I last saw the deceased alive on NOV 15, 1951, and that death occurred at 2:00A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Karl B. Gonsler, MD</u>		23b. ADDRESS <u>SEDALIA, MO</u>		23c. DATE SIGNED <u>19 Nov-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 17, 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Sedalia, Mo</u>			

DATE REC'D BY LOCAL REG.  
11/18/51

REGISTRAR'S SIGNATURE  
[Signature]

RECEIVED NOV 29 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed NOV 29 1951 \_\_\_\_\_

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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 \_\_\_\_\_

*R. E. Baker*

Signed .....  
Student Embalmer

Licensed Embalmer No. 2419

P. O. Address Seelickia, 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.