

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. **42450**

FILED DECEASED 1951

BIRTH NO. _____		REG. DIST. NO. <b>267</b>		PRIMARY REG. DIST. NO. <b>3049</b>		Registrar's No. <b>137</b>	
1. PLACE OF DEATH a. COUNTY <b>Remiscot</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Remiscot</b>			
b. CITY OR TOWN <b>Hayti</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>Hayti</b>		d. STREET ADDRESS (If rural, give location) <b>801 North 4th Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>801 North 4th Street</b>				d. STREET ADDRESS (If rural, give location) <b>801 North 4th Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Dee</b> c. (Last) <b>SORRELL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 10, 1951</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>MARCH 14, 1884</b>	
9. AGE (In years last birthday) <b>66</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Merchant</b>		11. BIRTHPLACE (State or foreign country) <b>Tiptonville Tennessee USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Dock Leonidus Sorrell</b>			13b. MOTHER'S MAIDEN NAME <b>Hariet Eva Burton</b>		14. NAME OF HUSBAND OR WIFE <b>Mollie Baird Sorrell</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mollie B. Sorrell</b> ADDRESS <b>801 North St. Hayti, Mo.</b>			
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) <b>Cornary Thrombosis</b> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atherosclerotic heart disease</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Large abdominal hernia</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4.200</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <b>4-24, 1951</b> , to <b>12-10, 1951</b> , that I last saw the deceased alive on <b>12-10, 1951</b> , and that death occurred at <b>7:30 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>C. D. Kaiser</b> (Degree or title) <b>D. M.D.</b>				23b. ADDRESS <b>Hayti Mo.</b>		23c. DATE SIGNED <b>12-11-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>12-12-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Little Prairie Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Asuthersville, Mo</b>	
DATE REC'D BY LOCAL REG. <b>12-28-51</b>		REGISTRAR'S SIGNATURE <b>John W. German</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John W. German</b> ADDRESS <b>Hayti, Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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12-51-322

Rec. DEC 29 1951

S. B. Beecher, M. D.,  
Pemiscol County Health Department,  
Caruthersville, Missouri

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 John W. German

Licensed Embalmer No. 4355

P. O. Address Hart, 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.