

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3853**

DECEASED **FEB 18 1952** REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **45**

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

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirksville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirksville</b>	
c. LENGTH OF STAY (in this place) <b>51 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>Kirksville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Grim Smith Hosp.</b>		e. FULL NAME OF HOSPITAL OR INSTITUTION	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Ernest</b> c. (Last) <b>Murrell</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 9. 1952</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>May 24, 1875</b>
9. AGE (In years last birthday) <b>76</b>		10. MONTHS <b>8</b>	11. DAYS <b>16</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lawyer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Schylor Co. Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Samuel Murrell</b>	
13b. MOTHER'S MAIDEN NAME <b>Alice Lamb</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Charles Murrell Jr. Edina, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>General arteriosclerosis.</b> DUE TO (c) <b>Diabetes mellitus -</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>5 mo.</b>		20 years	
20 years		20 years	
19a. DATE OF OPERATION <b>9/6/52</b>	19b. MAJOR FINDINGS OF OPERATION <b>Gangrene right foot - amputation</b>		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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>331X</b>	
22. I hereby certify that I attended the deceased from <b>August 1933</b> to <b>Feb. 9, 1952</b> that I last saw the deceased alive on <b>Feb. 8, 1952</b> , and that death occurred at <b>2:30 p. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Spencer L. Freeman M.D.</b> (Degree or title)		23b. ADDRESS <b>Kirksville, Mo.</b>	23c. DATE SIGNED <b>2-11-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2, 11, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maple Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Kirksville Mo</b>
DATE REC'D BY LOCAL REG. <b>2-11-52</b>	REGISTRAR'S SIGNATURE <b>Kate Lambert's</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Randolph Davis</b>	ADDRESS <b>Kirksville</b>

**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

*Donald L. Roberts*

Licensed Embalmer No. *4727*

P. O. Address *Pickersville, MD*

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.