

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....  
24190

FILED JUL 27 1953

BIRTH NO. .... REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4092 Registrar's No. 108

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

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give town) Archie		c. CITY (If outside corporate limits, write RURAL and give township) Archie 0190	
c. LENGTH OF STAY (in this place) 15 years		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION - At his home			

3. NAME OF DECEASED (Type or Print) a. (First) Clarence	b. (Middle) George	c. (Last) Murrel	4. DATE OF DEATH (Month) (Day) (Year) July 18, 1953
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 9, 1894	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 7 Days 10	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) 3 1/2 miles West of Archie, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Orvil Lewis Murrel	13b. MOTHER'S MAIDEN NAME Emma Bible	14. NAME OF HUSBAND OR WIFE Ethel Hodges Murrel
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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) yes World War I	16. SOCIAL SECURITY NO. 487-05-3913	17. INFORMANT'S SIGNATURE OR NAME Ethel Murrel	ADDRESS Archie Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral</i>		INTERVAL BETWEEN ONSET AND DEATH <i>immediate death</i>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <i>4201</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July 18, 1953, to July 18, 1953, that I last saw the deceased ~~dead~~ on July 18, 1953, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

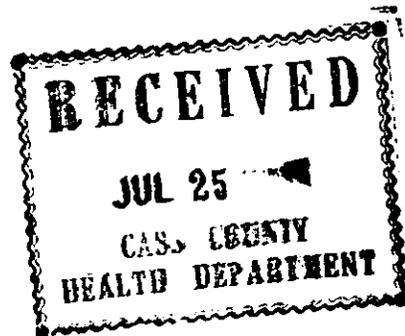
23a. SIGNATURE E. G. Robinson	(Degree or title) M.D.	23b. ADDRESS Adrian, Mo.	23c. DATE SIGNED 7-20-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 20, 1953	24c. NAME OF CEMETERY OR CREMATORY 3 Crescent Hill	24d. LOCATION (City, town, or county) (State) Adrian, Missouri
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DATE REC'D BY LOCAL REG. July 20/1953	REGISTRAR'S SIGNATURE Nora Barnard	457-C	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Adrian, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

SEP 9 1953



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 Robert W. Atkinson

Licensed Embalmer No. 4902

P. O. Address Archie, 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.