

STANDARD CERTIFICATE OF DEATH

FILED OCT 20 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 9251 PRIMARY REG. DIST. NO. 4478 Registrar's No. 27

0980

WRITE PLAINLY—USING UNFAADING BLACK INK MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lancaster Liberty</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lancaster</u> <u>0980</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>Henry</u>	c. (Last) <u>Murrell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 7 1953</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>Wht.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>MAR. 15 1882</u>	9. AGE (In years last birthday) <u>71</u> Months <u>6</u> Days <u>22</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mail Carrier</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MAIL CARRIER</u>	11. BIRTHPLACE (State or foreign country) <u>Schuyler County</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>John Murrell</u>	13b. MOTHER'S MAIDEN NAME <u>Nettie Veatch</u>	14. NAME OF HUSBAND OR WIFE <u>MARY ISEBELL MURRELL</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Murrell</u>	ADDRESS <u>Lancaster</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Septicemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Several hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Abdominal pus infection</u> <u>1 1/2 yrs</u>		
	DUE TO (c) <u>Intestinal-Vesical fistula</u> <u>1 1/2 yrs</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>606X</u>			

19a. DATE OF OPERATION <u>Feb 1, 1948</u>	19b. MAJOR FINDINGS OF OPERATION <u>Throughtout fistula</u> <u>Feb Vesical-rectal fistula, with pus pockets</u>	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 Feb 8, 1953, to Oct 7, 1953, that I last saw the deceased alive on Oct 7, 1953, and that death occurred at 11-30pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Edna M. Milton, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Lancaster, Mo.</u>	23c. DATE SIGNED <u>Oct 10, 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 10-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Armi Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Lancaster Mo</u>
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DATE REC'D BY LOCAL REG <u>Oct 17-53</u>	REGISTRAR'S SIGNATURE <u>Miss. Agnes Drake</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bruce J. Norman</u>	ADDRESS <u>Lancaster Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

4052

ALBERT B. TAYLOR  
ORDER AND DEATH

**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 R. Kenneth Patterson

Licensed Embalmer No. 4697  
1900 E. Palmer

P. O. Address Springfield, 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.