

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8425**

BIRTH NO. **FILED MAR 22 1954** REG. DIST. NO. **382** PRIMARY REG. DIST. NO. **5545** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY <b>Howard</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural "Chanton"</b> c. LENGTH OF STAY (in this place) <b>10 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural "Chanton"</b> d. STREET ADDRESS (If rural, give location) <b>5 mi. s.e. of Glasgow</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8 mi. s.e. of Glasgow</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>John</b>	b. (Middle) <b>Joseph</b>	c. (Last) <b>GORRELL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 16, 1954</b>
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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>Oct. 3, 1894</b>	9. AGE (In years last birthday) <b>59</b>	10. MONTHS <b>3</b>	11. DAYS <b>1</b>	12. HOURS <b>1</b>	13. MIN. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Chemist</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Steel Industry</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William Gorrell</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Neville</b>	13c. NAME OF HUSBAND OR WIFE <b>Katherine Charleston</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY NO. <b>W.W.I. not available</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. John Gorrell</b>	17. ADDRESS <b>Glasgow Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>	ANTECEDENT CAUSES		<b>few minutes</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b)		
	DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.		

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 **September, 1944**, to **March, 1954**, that I last saw the deceased alive on **Mar 15, 1954**, and that death occurred at **3:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. Honer, D.O.</b>	23b. ADDRESS <b>Glasgow Missouri</b>	23c. DATE SIGNED <b>3-18-54</b>
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24a. BURIAL CREMATION REMOVAL (Specify)	24b. DATE <b>Mar. 18 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Washington</b>	24d. LOCATION (City, town, or county) (State) <b>Glasgow Mo.</b>
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DATE REC'D BY LOCAL REG. <b>3/18/54</b>	REGISTRAR'S SIGNATURE <b>Walker Audsley</b>	41015 FUNERAL DIRECTOR'S SIGNATURE <b>Audsley</b>	ADDRESS <b>Tremont, Glasgow Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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AUG 9 1956

JAN 20 1956

MAR 31 1956

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

*W. H. Niemouth*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3978*

P. O. Address *Glasgow, 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.