

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9064

State File No. *890*

FILED APR 4 1955

BIRTH NO. _____ REG. DIST. NO. *274* PRIMARY REG. DIST. NO. *352* Registrar's No. *890*

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PETTIS	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN SEDALIA)		c. LENGTH OF STAY (in this place) 5 months	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital		STREET ADDRESS (If rural, give location) 624 E. 16th St.	
3. NAME OF DECEASED (Type or Print) a. (First) Laura b. (Middle) Blanche c. (Last) Murrell		4. DATE OF DEATH (Month) (Day) (Year) Mar 30, 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 18, 1872
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Richmond, Virginia
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Enoch Wood	
13b. MOTHER'S MAIDEN NAME Mary Brown		14. NAME OF HUSBAND OR WIFE James R. Murrell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Wm. Moon, Sedalia, Mo.
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.		MEDICAL CERTIFICATION - I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) SUBACUTE BACTERIAL ENDOCARDITIS INTERVAL BETWEEN ONSET AND DEATH 1 week ANTECEDENT CAUSES RHEUMATIC VALVULAR DISEASE DUE TO (b) ? Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS SENILITY. 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"/>		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 FEB , 19 49 , to MARCH 30 , 19 55 , that I last saw the deceased alive on MARCH 29, 1955 , and that death occurred at 7:00 P m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Karl B GONSER. M.D.		23b. ADDRESS SEDALIA. MO	
23c. DATE SIGNED 1 APRIL 58.		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 4/1/55		24c. NAME OF CEMETERY OR CREMATORY Memorial Park	
24d. LOCATION (City, town, or county) (State) Sedalia, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sedalia, Mo.	
DATE REC'D BY LOCAL REG. 4/1/55		REGISTRAR'S SIGNATURE 251-P	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *Shane Ewing*.....
Licensed Embalmer No. *384*
P. O. Address *Sechi*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.