

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39838**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **336**

1. PLACE OF DEATH a. COUNTY Callaway State Hospital #1,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY OR TOWN Fulton, Mo.	c. LENGTH OF STAY (in this place) 2mo 27da	c. CITY OR TOWN Boonville,	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #1, Fulton, Mo.		e. STREET ADDRESS (If rural, give location) D.K.	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Estel c. (Last) BURRELL			4. DATE OF DEATH (Month) (Day) (Year) December 19, 1955.		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH December 12, 1881	9. AGE (In years last birthday) 74	10. IF UNDER 1 YEAR Months 0 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) Boonville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Estel Allen Burrell		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Hazel Burrell	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) D.K.	16. SOCIAL SECURITY NO. D.K.	17. INFORMANT'S SIGNATURE OR NAME Records of State Hospital #1, Fulton, Mo.		ADDRESS Fulton, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH D.K.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Vascular Renal Disease.		
	ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis, Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Psychotic.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 442X			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	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) none	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 **Oct. 28,** 19 **55,** to **Dec. 19,** 19 **55,** that I last saw the deceased alive on **Dec. 19,** 19 **55,** and that death occurred at **2 p.m.,** from the causes and on the date stated above.

23a. SIGNATURE Frank J. Nichols (Degree or title) M.D.	23b. ADDRESS State Hospital #1, Fulton, Mo.	23c. DATE SIGNED Dec. 19, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 21, 1955	24c. NAME OF CEMETERY OR CREMATORY Walnut Grove	24d. LOCATION (City, town, or county) (State) Boonville Mo
DATE REC'D BY LOCAL REG. Dec. 19, 1955	REGISTRAR'S SIGNATURE Maretha Lawrence	25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Baller, Boonville, Mo ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 *W M Wood*

Licensed Embalmer No. *453*

P. O. Address *Boonville*

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.