

No. 30  
10-48

FILED DEC 1 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43151

State File No. \_\_\_\_\_

333

490  
3074

Registrar's No. 181

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. _____		Registrar's No. 181	
1. PLACE OF DEATH a. COUNTY <b>Scott</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Blodgett</b>		c. LENGTH OF STAY (in this place) <b>Life</b>		c. CITY OR TOWN <b>Blodgett</b>		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 <b>Residence</b>				e. STREET ADDRESS (If rural, give location) <b>Streets not numbered. 1600</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>WILLIAM</b>		b. (Middle) <b>DOCKERY</b>		c. (Last) <b>MURRELL</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 3, 1955</b>		5. SEX <b>M</b>		6. COLOR OR RACE <b>Caucasian</b>		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>May 2, 1869</b>		9. AGE (In years last birthday) <b>86</b>		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) <b>Retired Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Building</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Boone County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Harden H. Murrell</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret F. Pouley</b>		14. NAME OF HUSBAND OR WIFE <b>Minnie Murrell</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Thelma Enterline, Blodgett, Mo</b>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiac De compensation</b> DUE TO (c) <b>Arteriosclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4500</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 mo.</b>  <b>yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
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) (Min.)		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 <b>March 9, 1955</b> , to <b>Dec. 3, 1955</b> , that I last saw the deceased alive on <b>Nov. 28, 1955</b> , and that death occurred at <b>4:10 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>M. P. Bregan</b>				23b. ADDRESS <b>Benton, Missouri</b>		23c. DATE SIGNED <b>Dec. 5, 1955</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Dec. 5, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Blodgett Cemetery, Blodgett, Missouri</b>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>12-6-55</b>		REGISTRAR'S SIGNATURE <b>Mrs. Ella Hunter</b>		FURNERAL DIRECTOR'S SIGNATURE & ADDRESS <b>Nunnelee Funeral Chapel, Sikeston, M</b>			

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

(Licensed Embalmer's Statement on Reverse Side)

DEC 12

DATE RECEIVED \_\_\_\_\_

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1255-246

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Edward E. Hummel

Licensed Embalmer No. 4164

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