

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31628**

FILED OCT 1 - 1956

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **264**

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) 28 yrs	c. CITY OR TOWN Sedalia
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Nursing Home		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS (If rural, give location) 819 S. Vermont		08070	

3. NAME OF DECEASED (Type or Print) a. (First) Overton b. (Middle) Frank c. (Last) Gorrell			4. DATE OF DEATH (Month) (Day) (Year) Sept 29, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 15, 1878	9. AGE (In years last birthday) 78	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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Pettis County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME A. Hickman Gorrell		13b. MOTHER'S MAIDEN NAME Lila Sterling		14. NAME OF HUSBAND OR WIFE Jessie Turner Gorrell	
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 Mrs. Jessie Gorrell, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH 5 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senescent Arteriosclerosis		DUE TO (c) _____		_____	
II. 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"/>	
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) 331X	
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 **July 1956** to **7/28, 1956**, that I last saw the deceased alive on **7/27, 1956**, and that death occurred at **5:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Thomas J. Hyatt (Degree or title) M.D.		23b. ADDRESS Sedalia, Mo		23c. DATE SIGNED 9/29/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 2, 1956		24c. NAME OF CEMETERY OR CREMATORY Dresden Cemetery	
24d. LOCATION (City, town, or county) (State) Sedalia, Missouri					

DATE REC'D BY LOCAL REG. 9-29-56		REGISTRAR'S SIGNATURE James Coates, Deputy		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Kleckstein ADDRESS Sedalia, Mo	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

GILLESPIE FUNERAL HOME

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 *Russell C. Inaag*.....

Licensed Embalmer No. *180*.....

P. O. Address *Sedalia*.....

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.