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FILED JUN 9 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-017241
STATE FILE NUMBER

Registration District No. 104 Primary Registration District No. 4176 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY DUNKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MALDEN — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 711 N. DECATUR — Length of stay in 1b 26 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY DUNKLIN
c. CITY OR TOWN 035/ MALDEN — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 711 N. DECATUR — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First ROMULOUS Middle EDWIN Last SORRELLS
4. DATE OF DEATH Month MAY Day 24 Year 1959
5. SEX M.
6. COLOR OR RACE W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 12-2-1869
9. AGE (In years last birthday) 89 — 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 RETIRED
11. BIRTHPLACE (City and state or country) EDWARDSVILLE, ILL.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME R. L. SORRELLS
13b. MOTHER'S MAIDEN NAME MARY E. AMOS
14. NAME OF HUSBAND OR WIFE ETTA E. SORRELLS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO.
16. SOCIAL SECURITY NO. NONE
17. INFORMANT ETTA SORRELLS Address MALDEN, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 22 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension Cardiovascular disease — 15 years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-4-54, to 5-24-59 and last saw her/him alive on 5-24-59
Death occurred at 5:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wayne Crow (Degree or title) MD
22b. ADDRESS Malden, Mo
22c. DATE SIGNED 5-27-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 5-26-59
23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK
23d. LOCATION (City, town, or county) MALDEN (State) MO.

24. FUNERAL DIRECTOR DAY & KNIGHT F.S. ADDRESS MALDEN
25. DATE RECD. BY LOCAL REG. 5-27-59
26. REGISTRAR'S SIGNATURE J. W. Scherman

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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JUN 8 1999

COUNTY FILE NUMBER 659 - 166

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 J. W. Schaumann

Licensed Embalmer No. 4086

P. O. Address MALDEN

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.