

FILED APR 1 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124 68 0011836

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 85DO NOT WRITE
ON THIS STUB

VS 300

Rev. 1/68

9. 2
10a. 78
10b.
11. 1
12. 1
13. 4270
14.
15. 4
16.
17. 8
18. 0
19. CREDITS
20. 1-0

4. 04215. 3**DECEASED**USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.6. 0421**PARENTS****CAUSE****CERTIFIER****URIA**

DECEASED—NAME 1. <u>Oral B. Murrell</u>			SEX 2. <u>Male</u>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <u>March 20, 1968</u>	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. <u>Negro</u>		AGE—LAST BIRTHDAY (YEARS) 5a. <u>78</u>	UNDER 1 YEAR 5b. <u>MOS.</u>	UNDER 1 DAY 5c. <u>HOURS</u>	DATE OF BIRTH (MONTH, DAY, YEAR) 6. <u>4-10-1889</u>
CITY, TOWN, OR LOCATION OF DEATH 7a. <u>Windsor</u>			INSIDE CITY LIMITS (SPECIFY YES OR NO) 7b. <u>yes</u>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7c. <u>Windsor Hospital</u>	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. <u>Oklahoma</u>		CITIZEN OF WHAT COUNTRY 9. <u>U. S. A.</u>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. <u>Married</u>	
SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. <u>Lucille Laurent</u>		SOCIAL SECURITY NUMBER 12. <u>493-12-4852</u>			
USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. <u>Rt. Bar Tender</u>		KIND OF BUSINESS OR INDUSTRY 13b.			
RESIDENCE—STATE 14a. <u>Mo.</u>		COUNTY 14b. <u>Henry</u>	CITY, TOWN, OR LOCATION 14c. <u>Windsor</u>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. <u>yes</u>
STREET AND NUMBER 14e. <u>405 High Street</u>		FATHER—NAME 15. <u>Pleas Murrell</u>			
MOTHER—MAIDEN NAME 16. <u>(unknown)</u>		INFORMANT—NAME 17a. <u>Mrs. Lucille Murrell</u>			
MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. <u>405 High Street Windsor, Mo.</u>		PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. <u>1 1/2 hr.</u>		18. <u>Terminal Cardiac Respiratory Collapse</u> <u>And Acute Heart Failure with</u> <u>Cardiomegaly and Atrial Fibrillation</u>			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) 19.		AUTOPSY (YES OR NO) 19a. <u>No</u>		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.		DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.	
INJURY AT WORK (SPECIFY YES OR NO) 20e.		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.		
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. <u>2 24 '61</u>		MONTH DAY YEAR TO 21b. <u>3 20 '68</u>	AND LAST SAW HIM/HER ALIVE ON 21c. <u>3 20 '68</u>	I DID NOT VIEW THE BODY AFTER DEATH. 21d. <u>DED</u>	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. <u>3:45 P.M.</u>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22.					
CERTIFIER—NAME (TYPE OR PRINT) 23a. <u>Cloude M. Thurber, M.D.</u>		SIGNATURE 23b. <u>Cloude M. Thurber M.D.</u>		DEGREE OR TITLE 23c.	DATE SIGNED (MONTH, DAY, YEAR) 23d. <u>3-22-68</u>
MAILING ADDRESS—CERTIFIER 23e.		STREET OR R.F.D. NO. 23f. <u>P.O. Box # 150</u>		CITY OR TOWN 23g. <u>Windsor</u>	STATE 23h. <u>Mo.</u>
ZIP 23i. <u>65360</u>		BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <u>Burial</u>			
CEMETERY OR CREMATORY—NAME 24b. <u>Laurel Oak Cemetery</u>		LOCATION 24c. <u>Windsor, Missouri</u>			
DATE 24d. <u>3-25-1968</u>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25a. <u>Gouge Funeral Home 301 W. Benton St. Windsor, Mo.</u>			
FUNERAL DIRECTOR—SIGNATURE 25b. <u>Clifford Gouge</u>		REGISTRAR—SIGNATURE 26a. <u>Walden Bigum</u>		DATE RECEIVED BY LOCAL REGISTRAR 26b. <u>Mar. 24, 1968</u>	

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

4-8-68

APR 4 1968

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 Clifford Gouge

Licensed Embalmer No. 5014

P. O. Address Windsor, Me.

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.