

FILED MAR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5481**

BIRTH NO. _____ REG. DIST. NO. **224** PRIMARY REG. DIST. NO. **3046** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY MONITEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY COOPER	
b. CITY (If outside corporate limits, write RURAL and give township) CALIFORNIA MO 2 DAYS	c. LENGTH OF STAY (in this place) 2 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) RURAL SALINE 0270	
d. FULL NAME OF HOSPITAL OR INSTITUTION LATHAM HOSPITAL		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print) MARY VIOLA MURRELL	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) FEB. 12-1950
--	------------	-------------	-----------	---

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Nov. 24-1890	9. AGE (In years last birthday) 59 if UNDER 1 YEAR: Months _____ Days _____ if UNDER 2 HRS. Hours _____ Min. _____
-------------------------	----------------------------------	--	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? US
---	-----------------------------------	--	---

13a. FATHER'S NAME Wm D. Moore	13b. MOTHER'S MAIDEN NAME STELLA DEATHERAGE	14. NAME OF HUSBAND OR WIFE Wm Murrell
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Wm Murrell Lupus	ADDRESS 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 Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 days 6 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes mellitus		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			26 AX

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
--	--	---

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 **Feb 10, 1950**, to **Feb 12, 1950**, that I last saw the deceased alive on **2-12, 1950**, and that death occurred at **8:30 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE L. L. Latham M.D.	(Degree or title)	23b. ADDRESS California MO	23c. DATE SIGNED 2-12-50
--	-------------------	--------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE FEB 14-1950	24c. NAME OF CEMETERY OR CREMATORY LATHAM CEM.	24d. LOCATION (City, town, or county) (State) NEAR LUPUS MO
---	---------------------------------	--	---

DATE REC'D BY LOCAL REG. 2-14-50	REGISTRAR'S SIGNATURE HR. Popojoy	25. FUNERAL DIRECTOR'S SIGNATURE O. C. ALBERT	ADDRESS HATNGECK
--	---	---	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

BRIE HOME MO.

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

1681
0

APR 11 1950

District File Number

District Health Officer No. H.

RECEIVED MAR 8 1950

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 Student Embalmer

Signed C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home, 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 this body is not embalmed, fact should be so stated above.