

FILED OCT 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31146

State File No.

BIRTH NO. 59274-50 REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4338 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monroe City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monroe City</u>	
c. LENGTH OF STAY (in this place) <u>0</u>		0690	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ELLIS HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>204 EAST 4TH ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LARRY</u>	b. (Middle) <u>LYNN</u>	c. (Last) <u>SORBELL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-14-50</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>9-14-50</u>	9. AGE (In years last birthday) <u>12</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 1 YEAR Days <u>45</u>	IF UNDER 14 HRS. Hours <u>12</u>	Min. <u>45</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>ALFRED GLEN SORBELL</u>	13b. MOTHER'S MAIDEN NAME <u>DONNA FERN McGLATHLIN</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>0</u>	16. SOCIAL SECURITY NO. <u>0</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alfred G. Sorbell</u>	ADDRESS <u>Monroe City</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>
	I. 'DISEASE OR CONDITION DIRECTLY LEADING TO DEATH' (a) <u>Respiratory Failure</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pre maturity</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>1935</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Sept 14, 1950, to Sept 14, 1950, that I last saw the deceased alive on Sept 14, 1950, and that death occurred at 10:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold F. Ellis, D.O.</u>	(Degree or title)	23b. ADDRESS <u>403 S. MAIN, MONROE CITY, MO</u>	23c. DATE SIGNED <u>9-16-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/16/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. JUDES</u>	24d. LOCATION (City, town, or county) (State) <u>MONROE CITY MO</u>
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DATE REC'D BY LOCAL REG. <u>9-23-50</u>	REGISTRAR'S SIGNATURE <u>Anne M. Burdett</u>	437	25. FUNERAL DIRECTOR'S SIGNATURE <u>Garner Funeral Home</u>	ADDRESS <u>Monroe City</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0690
0

Date Received: OCT 9 1951
DISTRICT HEALTH OFFICE #
District File Number 10-50
Date Filed: OCT 9 1951

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 Harold V. Garner

Licensed Embalmer No. 3720

P. O. Address Monroe City 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.