

No. 300
10. 48

FILED NOV 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33248

Registrar's No. 972

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon Rural</u>	
c. LENGTH OF STAY (in this place) <u>15 days</u>		d. STREET ADDRESS (If rural, give location) <u>R R # 1, 0530</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Robert</u>	b. (Middle) <u>Elvis</u>	c. (Last) <u>Murrell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4, 1950</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>single</u>	8. DATE OF BIRTH <u>Oct. 9, 1921</u>	9. AGE (In years last birthday) <u>29</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>25</u>	IF UNDER 1 HS. Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Invalid</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Laclede Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>L. A. Murrell</u>	13b. MOTHER'S MAIDEN NAME <u>Nora Peary</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give no. or dates of service) <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. L. A. Murrell</u>	ADDRESS <u>Lebanon Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Reveal tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Several months</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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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)
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 10-19, 1950, to 11-4, 1950, that I last saw the deceased alive on 11-4, 1950, and that death occurred at 3:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Glen O. T. Murrell, M.D.</u> (Degree or title)	23b. ADDRESS <u>Springfield Mo.</u>	23c. DATE SIGNED <u>11/7/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 6, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Similin Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Laclede Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-9-50</u>	REGISTRAR'S SIGNATURE <u>W. E. Holman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Holman</u>	ADDRESS <u>Lebanon Mo.</u>
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(I, licensed Embalmer's Statement on Reverse Side)

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, M

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.