

FILED APR 9 1951

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9471**
Registrar's No. **15**

BIRTH NO. _____ REG. DIST. NO. **254** PRIMARY REG. DIST. NO. **5866**

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Oregon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Myrtle		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Myrtle	
c. LENGTH OF STAY (in this place) Lifetime		d. STREET ADDRESS (If rural, give location) J	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) JAMES	b. (Middle) CLIFFORD	c. (Last) SORRELL	(Month) March	(Day) 19	(Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 27, 1878	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Month 1 Day 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Myrtle, Missouri	
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Elijah Sorrell		13b. MOTHER'S MAIDEN NAME Caroline Bennett		14. NAME OF HUSBAND OR WIFE Eva Lee Sorrell	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS. Foy Sorrell Myrtle, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Myocardial Infarction Heart Disease			
ANTECEDENT CAUSES		DUE TO (b) Senility			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

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 **Jan 19 00**, to **Jan 21 1951**, that I last saw the deceased alive on **Jan 21 1951**, and that death occurred at **6:00 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE E. Cooper		(Degree or title) MD		23b. ADDRESS Thayer Mo		23c. DATE SIGNED 4/3/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 21, 1951		24c. NAME OF CEMETERY OR CREMATORY Myrtle Cemetery		24d. LOCATION (City, town, or county) (State) Myrtle, Missouri	

DATE REC'D BY LOCAL REG. 4-5-51		REGISTRAR'S SIGNATURE Ella Cross		25. FUNERAL DIRECTOR'S SIGNATURE Richard Carter		ADDRESS Thayer, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

APR 27 1951

DISTRICT HEALTH OFFICE No. 6

File No.

APR 27 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

.....
working under my personal supervision.

Student Embalmer No.

Signed Alford Carter

Signed
Student Embalmer

Licensed Embalmer No. 4516

P. O. Address Sharon, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Oregon } ss.

State File No. 9471-51

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 15

On this 28 day of April, 1951, before me appears

Fay Sorrell, who, upon his oath, states that the original record of ^{birth} death

for James Clifford Sorrell died March 19, 1951, in the State of Missouri, and which was filed at Troyer on April, 1951, should be corrected as follows:

Item No. 8 should read ~~January 27, 1888~~ January 27, 1878

Instead of ~~January 27, 1887~~ January 27, 1877

Item No. 9 should read ~~65~~ 73

Instead of ~~71~~ 74

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Fay Sorrell

Myrtle M. Pont Relationship son
Present Address.

Subscribed and sworn to before me this 2 day of May, 1951

My Commission expires Aug. 13, 1951 Jac W. Williams Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1951

5-9471

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