

No. 300
10.48

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9642

State File No.

BIRTH NO. REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 4430 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crocker</u>		c. LENGTH OF STAY (in this place) <u>41 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crocker</u> <u>0850</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Clifton</u> c. (Last) <u>Gorrell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 31, 1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 1, 1885</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months Days	IF UNDER 18 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>D</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Harvey L. Gorrell</u>	13b. MOTHER'S MAIDEN NAME <u>Lula Brashure</u>	14. NAME OF HUSBAND OR WIFE <u>Gladdis Gorrell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>498-07-6668</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Reba C. Johnson</u>	ADDRESS <u>Waynesville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 wks</u> <u>5 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u> DUE TO (c) <input checked="" type="checkbox"/>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	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 15, 1951, to MAR 31, 1951, that I last saw the deceased alive on MAR 31, 1951, and that death occurred at 8:10 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John A. Michalovich D.O.</u>	23b. ADDRESS <u>Crocker, Mo.</u>	23c. DATE SIGNED <u>4-2-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/2/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crocker Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Crocker, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-4-51</u>	REGISTRAR'S SIGNATURE <u>Shelma C. Budthay</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Hedges</u>	ADDRESS <u>Crocker, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 4-11-51
To Beek County Health Officer
File Number
Date Filed 4-11-51

APR 16 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 *Walter P. Nedja*

Licensed Embalmer No. *4265*

P. O. Address *Genia 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.