No. 300
10.48

FILED APR 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9305

State File No. .....

BIRTH NO. 30997 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 47

0781
0

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

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hayti
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pemiscot County Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural 0780
d. STREET ADDRESS (If rural, give location) Rt # 1 Caruthersville, Mo

3. NAME OF DECEASED (Type or Print) a. (First) Murrell b. (Middle) Gene c. (Last) Fennell

4. DATE OF DEATH (Month) (Day) (Year) March 21, 1952

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0
8. DATE OF BIRTH June 1, 1951
9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Months 9 Days 20 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Cottonwood Point, Mo 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Perry Gene Fennell
13b. MOTHER'S MAIDEN NAME Boonie Bell Hilburn
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Rt # 1 ADDRESS Boonie Bell Fennell Caruthersville 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Killed in Tornado

ANTECEDENT CAUSES
Morbid 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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 078 E 934.0-22
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Caruthersville, Pemiscot, Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-21-52 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Tornado

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 11:45 P.M., from the causes and on the date stated above.*

23a. SIGNATURE James A. Osburn (Degree or title) Coroner
23b. ADDRESS Wardell, Mo
23c. DATE SIGNED 3-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE 3-24-52
24c. NAME OF CEMETERY OR CREMATORY Little Prairie Cemetery
24d. LOCATION (City, town, or county) (State) Caruthersville, Mo

DATE REC'D BY LOCAL REG. 4-3-52
REGISTRAR'S SIGNATURE John W German 406 0
25. FUNERAL DIRECTOR'S SIGNATURE John W German ADDRESS Hayti, Mo

(Licensed Embalmer's Statement on Reverse Side)

4-52-103

Rec. APR 7 1952

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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 Raymond L. Duffie

Signed.....
Student Embalmer

Licensed Embalmer No. 4798

P. O. Address Hayti, 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.