S. No. 300
v. 10.48

FILED OCT 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37436

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 136

1080

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

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington Twp
c. LENGTH OF STAY (In this place): 0-0-8.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital #3.

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

1140

3. NAME OF DECEASED (Type or Print)
a. (First): Noah
b. (Middle): —
c. (Last): Murrell

4. DATE OF DEATH (Month) (Day) (Year): 10. 11. 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Unknown
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months ? Days ? — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Unknown
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William L Murrell
13b. MOTHER'S MAIDEN NAME: Sarah Brayles.
14. NAME OF HUSBAND OR WIFE: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs Lillie Sellers Hartville 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): Artirio Sclerotic heart disease. — INTERVAL BETWEEN ONSET AND DEATH: 1 yr +

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4200
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-3- 1952 *to* 10-11- 1952 *that I last saw the deceased alive on* 10-10- 1952 *and that death occurred at* 1-A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. R. Bunch. M.D.
23b. ADDRESS: State Hospital #3.
23c. DATE SIGNED: 10.11.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oct. 11 1952
24c. NAME OF CEMETERY OR CREMATORY: Hartville
24d. LOCATION (City, town, or county) (State): Hartville Missouri

DATE REC'D BY LOCAL REG.: 10-14-'52
REGISTRAR'S SIGNATURE: Anna J. Ferry
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Ferry Funeral Home Nevada, Mo.

(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 [signature]

Licensed Embalmer No. 1760

P. O. Address Nevada, 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.