

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044971

STATE FILE NUMBER

FILED DEC 28 1958

Registration District No. 224 Primary Registration District No. 5793 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u> b. CITY OR TOWN <u>LINN</u> c. FULL NAME OF (If NOT in hospital, give location) <u>HOME</u> Length of stay in lb <u>44 yr</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u> c. CITY OR TOWN <u>NEAR LUPUS MO.</u> d. STREET ADDRESS <u>WOLDRIDGE MO</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>SQUIRE EMERSON MURRELL</u>		4. DATE OF DEATH Month Day Year <u>DEC. 21-1958</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 7-1881</u>
9. AGE (In years last birthday) <u>77</u>		10. IF UNDER 1 YEAR Months Days Hours Min. <u>5 14</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RENT FARM</u>	
11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>RAYON MURRELL</u>		13b. MOTHER'S MAIDEN NAME <u>MELUINA PRINE</u>	
14. NAME OF HUSBAND OR WIFE <u>NEWELL MARRIED</u>			
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>No</u>	
17. INFORMANT <u>Wm Murrell Jamestown Mo</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ingratiation & Rehabilitation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinomatosis</u> DUE TO (c) <u>Carcinoma, rt. testicle</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>178X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Jamestown, Mo</u>		COUNTY STATE	
21. I attended the deceased from <u>12/12/58</u> to <u>12/21/58</u> and last saw him alive on <u>12/12/58</u> Death occurred at <u>10:30 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>2</u>		22b. ADDRESS <u>Jamestown, Mo</u>	
22c. DATE SIGNED <u>12/22/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>DEC 23 1958</u>	
23c. NAME OF CEMETERY OR CREMATOR <u>PETTIGREW</u>		23d. LOCATION (City, town, or county) (State) <u>NEAR LUPUS MO</u>	
24. FUNERAL DIRECTOR <u>ALBERT HORNBEEK</u> <u>PRAIRIE HOME MO.</u>		25. DATE RECD. BY LOCAL REG. <u>12/23/58</u>	
26. REGISTRAR'S SIGNATURE <u>Helen L. Popejoy</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

76. 6 Y 1901

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
Signature of Student Embalmer

Signed *C. Albert Hornbeck*

Licensed Embalmer No. *2714*
P. O. Address *Baile Home*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.