

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33637

State File No. _____
Registrar's No. 52

FILED OCT 19 1949

BIRTH NO. _____ REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 5458

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Walnut Grove, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Walnut Grove, twsp</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Walnut Grove, Mo. Ri</u>		d. STREET ADDRESS (If rural, give location) <u>Walnut Grove, Mo. Ri.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Earnest</u>	b. (Middle) <u>Enoch</u>	c. (Last) <u>Russell</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Oct, 13th 1949</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May-16-1891</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Stock raising</u>	11. BIRTHPLACE (State or foreign country) <u>Greene County, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Elk Russell</u>	13b. MOTHER'S MAIDEN NAME <u>Annie Atchley</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs Bertha Howell Russell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bertha Russell, Walnut Grove, Mo. Ri</u>	ADDRESS <u>Walnut Grove, Mo. Ri</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>Approx. 1 yr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF STOMACH</u>		
	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. <u>BACTERIAL ENDOCARDITIS</u>		157X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from MAY 5, 1949, to OCT. 4, 1949; that I last saw the deceased alive on OCT. 4, 1949, and that death occurred at 7:00A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G.F. Slapp</u>	23b. ADDRESS <u>Do. L. W. Co. Mo.</u>	23c. DATE SIGNED <u>10/14/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>October 16 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rosehill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Willard, Mo</u>
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DATE REC'D BY LOCAL REG. <u>10/14/49</u>	REGISTRAR'S SIGNATURE <u>Strene P. Wilson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene A. Cannon</u>	ADDRESS <u>Walnut Grove, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Greene County Health Office,

County File Number 49-62-10

Date Filed 10-17-49

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.

Signed.....
Student Embalmer

Signed

James R. Phillips

Licensed Embalmer No. 4641

P.O. Address Walnut Grove

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.