

FILED OCT 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

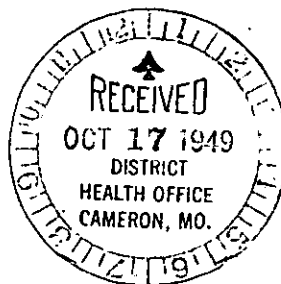
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State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>251</u>		PRIMARY REG. DIST. NO. <u>3048</u>		Registrar's No. <u>242</u>	
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>			
c. LENGTH OF STAY (In this place) <u>39 yrs.</u>				d. STREET ADDRESS (If rural, give location) <u>821 East Thompson</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>821 East Thompson</u>				e. STREET ADDRESS <u>821 East Thompson</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MAHALA</u>		b. (Middle) _____		c. (Last) <u>Russnogle</u>	
4. DATE OF DEATH		(Month) <u>10</u>		(Day) <u>12</u>		(Year) <u>49</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>6/6/81</u>		9. AGE (In years last birthday) <u>68</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Appanoose Co., Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jasper Seals</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Ann Alexander</u>		14. NAME OF HUSBAND OR WIFE <u>Allen A. Russnogle, dec.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ralph Honaker, Maryville, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart block</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tuberculosis of lung</u> DUE TO (c) <u>hemorrhage of lung</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>002X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <u>Maryville Nodaway Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? <u>Stroke</u>			
22. I hereby certify that I attended the deceased from <u>10/11</u> , 19 <u>49</u> , to <u>Oct. 12</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Oct 12</u> , 19 <u>49</u> , and that death occurred at <u>8:15P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>H. M. Chase</u>		(Degree or title) <u>D. O. C.</u>		23b. ADDRESS <u>Maryville, Missouri</u>		23c. DATE SIGNED <u>Oct 14/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10/14/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Miriam</u>		24d. LOCATION (City, town, or county) (State) <u>Maryville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-15-49</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Pric Funeral Home</u>		ADDRESS <u>Maryville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



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

Clayton M. Price

Licensed Embalmer No. *1822*

P. O. Address *Mayville 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.