

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37672**

FILED NOV 28 1949

BIRTH NO. **13467-49** REG. DIST. NO **157** PRIMARY REG. DIST. NO **3028** Registrar's No. **207**

49
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
c. LENGTH OF STAY (in this place) 3 hrs		d. STREET ADDRESS (If rural, give location) 404 S. Fulton St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) SHERRY	b. (Middle) LEE	c. (Last) RUSSELL	4. DATE OF DEATH (Month) (Day) (Year) Nov 10, 1949
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Nov 10, 1949	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0	IF UNDER 11 HRS. Days 0	IF UNDER 24 HRS. Hours 3	Min. 13
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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) Carthage, Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Robert W. Russell	13b. MOTHER'S MAIDEN NAME Betty Ruth Hooker	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Robert W. Russell, 404 Fulton	ADDRESS Carthage Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 hrs 20 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth		7 months development no other cause.
	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.			776X

19a. DATE OF OPERATION none	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) none	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) none	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:50pm.**, from the causes and on the date stated above.

23a. SIGNATURE George H. Daed	(Degree or title)	23b. ADDRESS Carthage Mo.	23c. DATE SIGNED Nov 11 49
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Nov 11, 1949	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Nov 12 1949	L. B. Clinton	25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary, Carthage, Mo.	ADDRESS
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Per. n. Ferguson R.H.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-23-47
Jasper County Health Office

County File Number 49-11-893

Date Filed 11-25-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage

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.