

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17822

State File No.

FILED JUN 7 1950

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 136

0883
0

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

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia 0100</u>	
c. LENGTH OF STAY (In this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>So. Columbia St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McComick Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Columbus</u> b. (Middle) <u>R.</u> c. (Last) <u>Russell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May-26-1950</u>		
--	--	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>May-14-1878</u>	9. AGE (In years last birthday) <u>72</u>	10. MONTHS <u>0</u>	11. DAYS <u>12</u>	12. IF UNDER 18 HOURS MIN.
--------------------	-------------------------------	---	-------------------------------------	---	---------------------	--------------------	------------------------------

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>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Boone County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	---	--

13a. FATHER'S NAME <u>Reuben Russell</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Heile</u>	14. NAME OF HUSBAND OR WIFE <u>Nettie P. Russell</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Arnold O. Russell</u>	ADDRESS <u>Gallatin, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adhesions from abscess following</u> <u>measles 12 years ago.</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>5-24-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Adhesions and obstruction</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---------------------------------------	---	--

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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from 5-23, 1950, to 5-26, 1950, that I last saw the deceased alive on 5-26, 1950, and that death occurred at 6:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. H. McComick D.O.</u>	23b. ADDRESS <u>300 1/2 Reed St. Moberly, Mo.</u>	23c. DATE SIGNED <u>5-26-50</u>
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 28-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Centralia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Centralia, Missouri</u>
---	------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>5-27-1950</u>	REGISTRAR'S SIGNATURE <u>Scott Williams</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Paul G. Haller</u>	ADDRESS <u>Centralia, Mo.</u>
---	---	--	-------------------------------

JUN 23 1950

RECEIVED JUN 5 1950
District Health Officer No. 10
District File Number 6-50-951
Date Filed JUN 6 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Paul Q. Ballew

Signed.....
Student Embalmer

Licensed Embalmer No. 4206

P. O. Address Centralia, 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.