

FILED JUN 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20970

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 4328 Registrar's No. 43

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

1. PLACE OF DEATH a. COUNTY <b>Mississippi</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bertrand</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bertrand</b>	
c. LENGTH OF STAY (in this place) <b>27 years</b>		d. STREET ADDRESS (If rural, give location) <b>Not Numbered</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>AURA</b>	b. (Middle) <b>---</b>	c. (Last) <b>RUSSELL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 28, 1950</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 19, 1877</b>	9. AGE (in years last birthday) <b>72</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>9</b>	IF UNDER 12 HRS. Hour <b>9</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeping</b>	11. BIRTHPLACE (State or foreign country) <b>East Prairie, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Jeff Hubbard</b>	13b. MOTHER'S MAIDEN NAME <b>Dora Fugate</b>	14. NAME OF HUSBAND OR WIFE <b>George W. Russell</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Margaret Russell Bethune</b>	ADDRESS <b>Bertrand, Mo.</b>
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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 <b>18 hrs.</b>  <b>6 years</b>  <b>443X</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Edema, Pulmonary</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <b>Cardiovascular Hypertensive Disease</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 Feb., 1944, to May 28, 1950, that I last saw the deceased alive on April 18, 1950, and that death occurred at 7:20 pm., from the causes and on the date stated above.

23a. SIGNATURE <b>R. J. Winters</b> (Degree of title) <b>Ph.D.</b>	23b. ADDRESS <b>Charleston, Mo.</b>	23c. DATE SIGNED <b>6-19-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/31/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Charleston, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>June 20, 1950</b>	REGISTRAR'S SIGNATURE <b>Mrs. Rex Kilgore</b>	439	25. FUNERAL DIRECTOR'S SIGNATURE <b>Edward E. Fumelle</b>	ADDRESS <b>Charleston, Mo.</b>
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JUN 23 1900  
RECEIVED

Miss. Co. Health Dept

County File No. \_\_\_\_\_

Date Filed JUN 23 1900

JUN 23 1900

**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 Edward E. Funnell

Licensed Embalmer No. 4164

P. O. Address Charleston, W. Va.

**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.