

FILED SEP 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27511

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 5733 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>macon</u>	
b. CITY OR TOWN <u>Elmer RFD</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Elmer mo. (Rural)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>RFD #2, 061A</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LON</u> b. (Middle) <u>Russell</u> c. (Last) <u>Russell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 29 1950</u>
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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 8 - 1883</u>	9. AGE (In years last birthday) <u>67</u>	10. UNDER 1 YEAR Months <u>3</u> Days <u>21</u>	11. BIRTHPLACE (State or foreign country) <u>Ky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</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>General Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Ky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>E. Russell</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Russell</u>	14. NAME OF HUSBAND OR WIFE <u>Alice 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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alice Russell Elmer MO</u>	ADDRESS <u>Elmer MO</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>four years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina pectoris</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>4202</u>

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)	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 Jan 1949, to Aug 29 1950, that I last saw the deceased alive on Aug 27 1950, and that death occurred at 10 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold S. Loh, D.O.</u>	(Degree or title)	23b. ADDRESS <u>Elmer MO</u>	23c. DATE SIGNED <u>8/30/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 12 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmer County</u>	24d. LOCATION (City, town, or county) (State) <u>Elmer MO</u>
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DATE REC'D BY LOCAL REG. <u>9/2/50</u>	REGISTRAR'S SIGNATURE <u>Daphne Howerton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ambridgey Atlanta MO</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

061A

RECEIVED 9. 9. 50  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 9. 50. 173  
Date Filed 9. 12. 50

C.S.-b-b

**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 Wm Goodding

Licensed Embalmer No. 1750

P. O. Address Atlanta 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.