

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30837

State File No.

BIRTH NO. 50329-50 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 597

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) Joplin		c. CITY (If outside corporate limits, write RURAL and give township) Joplin	
c. LENGTH OF STAY (In this place) 2		d. STREET ADDRESS (If rural, give location) 208 Gray	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freemans			

3. NAME OF DECEASED (Type or Print) a. (First) Cheryl	b. (Middle) Lyn	c. (Last) Russell	4. DATE OF DEATH (Month) (Day) (Year) September 9 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Sept 7, 1950	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR (Months) 2	IF UNDER 1 HR. (Hours) 2	IF UNDER 1 MIN. (Min.)
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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) Joplin, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Claude G. Russell	13b. MOTHER'S MAIDEN NAME Margaret Crume	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Claude G. Russell	ADDRESS 208 Gray
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Erythroblastosis fetalis		2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Incompatible blood of parents DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			7700

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) Joplin Jasper Mo.
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?

22. I hereby certify that I attended the deceased from 9-21, 1950, to 9-23, 1950, that I last saw the deceased alive on 9-23, 1950, and that death occurred at 5:49 p.m., from the causes and on the date stated above.

23a. SIGNATURE Alvin H. Wilson M.D.	(Degree or title)	23b. ADDRESS 6147 Miss Blk	23c. DATE SIGNED 9-11-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-11-50	24c. NAME OF CEMETERY OR CREMATORY G. A. R. Cemetery	24d. LOCATION (City, town, or county) (State) Miami Okla
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DATE REC'D BY LOCAL REG. 9-11-50	REGISTRAR'S SIGNATURE Wm. James	25. FUNERAL DIRECTOR'S SIGNATURE Parker-Hunsaker Mortuary	ADDRESS Joplin Mo.
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(If Rense Embalmer's Seal, on Reverse Side)

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

495
0

RECEIVED: 9-19-50
Jasper County Health Office

County File Number 50-9-680

Date Filed 9-21-50

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 F. M. Jones.....

Licensed Embalmer No. 2319.....

P. O. Address Joplin 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.