

FILED OCT 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32885

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 319

|  |                               |  |                                      |
|--|-------------------------------|--|--------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cape Girardeau</u>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u> |                                      |
| b. CITY OR TOWN <u>Cape Girardeau</u>  |                               | c. CITY OR TOWN <u>Malden</u> 0351   |                                      |
| c. LENGTH OF STAY (In this place) <u>2 hrs.</u>  |                               | d. STREET ADDRESS (If rural, give location) <u>610 N. Douglas</u>  |                                      |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Missouri Hosp.</u>  |                               |  |                                      |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Billy</u> b. (Middle) <u>Gene</u> c. (Last) <u>Russell</u>    |                               | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 13 1950</u>  |                                      |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>   | 8. DATE OF BIRTH <u>June 6, 1928</u> |
| 9. AGE (In years last birthday) <u>22</u> 4 7  |                               | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bank Layer</u>                               |                                      |
| 10b. KIND OF BUSINESS OR INDUSTRY  |                               | 11. BIRTHPLACE (State or foreign country) <u>Malden Missouri</u>   |                                      |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |                               | 13a. FATHER'S NAME <u>Edward Russell</u>   |                                      |
| 13b. MOTHER'S MAIDEN NAME <u>Lora Barber</u>   |                               | 14. NAME OF HUSBAND OR WIFE _____  |                                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) |                               | 16. SOCIAL SECURITY NO. <u>no</u>  |                                      |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Clea McGuire</u>  |                               | ADDRESS <u>Malden Mo.</u>  |                                      |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION                      |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)   |  | DUE TO (b) <u>Acute glomerulonephritis</u> |  | 5 weeks  |  |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | DUE TO (c)                                 |  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.          |  |  |  | 590X   |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION           |  | 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) |  | 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 Oct 12, 1950, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on Oct 12, 1950, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 23a. SIGNATURE <u>D. W. Bailey MD</u> (Degree or title)              |  | 23b. ADDRESS <u>Malden, Mo</u>                               |  | 23c. DATE SIGNED <u>10/14/50</u>                        |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>              |  | 24b. DATE <u>Oct. 15, 1950</u>                               |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u> |  |
| 24d. LOCATION (City, town, or county) (State) <u>Malden Missouri</u> |  | 24e. FUNERAL DIRECTOR'S SIGNATURE <u>Landis Funeral Home</u> |  | ADDRESS <u>Camphill, Mo.</u>                            |  |
| DATE REC'D BY LOCAL REG. <u>10-16-1950</u>                           |  | REGISTRAR'S SIGNATURE <u>C. C. Summers</u>                   |  | 44  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 1900  
v. 10. 48

0164

RECEIVED

DIS. NO. ....  
File No. ....

NOV 10 1955

**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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.