

FILED DEC 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37391

BIRTH NO.		REG. DIST. NO. 150	PRIMARY REG. DIST. NO. 5574	Registrar's No. 212
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY Jackson		a. STATE Mo b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grain Valley		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grain Valley - Rural		
c. LENGTH OF STAY (in this place) 15 yrs		d. STREET ADDRESS (If rural, give location) 4 mi South 0480		
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural - 4 mi south				
3. NAME OF DECEASED		4. DATE OF DEATH		
a. (First) Mattie		b. (Middle) S.		c. (Last) Russell
(Type or Print)		(Month) (Day) (Year)		
5. SEX F m		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 6-10-1881		9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months 5 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Horse wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mans City Kan
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Lucius Knowles		13b. MOTHER'S MAIDEN NAME Alma Welsh		14. NAME OF HUSBAND OR WIFE John Russell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Donald Stewart - Decatur Mo
18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Infective Heart Disease		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.		4/200
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) Natural		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE [Signature]		23b. ADDRESS 1034 1/2 North Blvd		23c. DATE SIGNED 12-1-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7 Dec 1-50		24c. NAME OF CEMETERY OR CREMATORY Oakland Cem
		24d. LOCATION (City, town, or county) Independence Mo		(State)
DATE REC'D BY LOCAL REG. 12-1-50		REGISTRAR'S SIGNATURE Donald C. Earnshaw		25. FUNERAL DIRECTOR'S SIGNATURE Webb Funeral Home
		378		ADDRESS Blue Springs Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 8 RECD

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.....
Student Embalmer

Signed

R B With

Licensed Embalmer No. *2253*

P. O. Address *Blue Springs, 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.