

FILED MAR 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5804

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6072 Registrar's No. 82

0940

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

1. PLACE OF DEATH a. COUNTY <i>St. Francois</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St. Francois</i>	
b. CITY OR TOWN <i>Doe Run</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Doe Elvins R#1</i>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <i>Joseph</i>	a. (First)	b. (Middle) <i>C.</i>	c. (Last) <i>RUSSELL</i>	4. DATE OF DEATH (Month) <i>Mar.</i> (Day) <i>5</i> (Year) <i>1951</i>
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5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>June 30, 1874</i>	9. AGE (In years last birthday) <i>70</i>	10. MONTH <i>8</i>	11. DAY <i>5</i>	12. IF UNDER 18 USE House Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Farming</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Christopher C. Russell</i>	13b. MOTHER'S MAIDEN NAME <i>Missouri a Collins</i>	14. NAME OF HUSBAND OR WIFE <i>Harritt Ellen Russell.</i>
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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) <i>No.</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Mildred Lee</i>	ADDRESS <i>Doe Run, Mo</i>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>1 hr</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary occlusion</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>mitral valve disease</i> DUE TO (c) <i>High Bloodpressure</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>4201</i>	

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 *1-3*, 1949, to *3-5*, 1951, that I last saw the deceased alive on *3-3*, 1951, and that death occurred at *8:00 A.M.* from the causes and on the date stated above.

23a. SIGNATURE <i>J.W. Zuehlke</i> (Degree or title) <i>D.O.</i>	23b. ADDRESS <i>Flat River Mo</i>	23c. DATE SIGNED <i>3/5/51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Mar. 7, 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Collins Cemetery, Annapolis, Mo.</i>	24d. LOCATION (City, town, or county) (State) <i>Mo.</i>
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DATE REC'D BY LOCAL REG. <i>Mar. 6, 1951</i>	REGISTRAR'S SIGNATURE <i>Ether Rudolph</i>	25. GENERAL DIRECTOR'S SIGNATURE <i>Raymond Caldwell</i>	ADDRESS <i>Flat River Mo.</i>
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File No. _____
DISTRICT HEALTH OFFICE No. 4

MAR 12 1951

RECEIVED

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. Caldwell

Licensed Embalmer No. 2531

P. O. Address. Flat River, 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.