S. No. 300
v. 10.48
0600
1

FILED APR 16 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9237

BIRTH NO. _____ REG. DIST. NO. 193 PRIMARY REG. DIST. NO. 5709 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: McDonald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Erie
c. LENGTH OF STAY (in this place): 9 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: McDonald
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): South West City 0600
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Cloa b. (Middle) Elizabeth c. (Last) Russell

4. DATE OF DEATH (Month) (Day) (Year): Jan 28 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Sept 13 1875
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 4, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Dick Floyd
13b. MOTHER'S MAIDEN NAME: Elizabeth Jones
14. NAME OF HUSBAND OR WIFE: C. G. Russell. (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Fern Spiva ADDRESS: Joplin Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ INTERVAL BETWEEN ONSET AND DEATH: _____

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nephritis 1 Yr.
DUE TO (c) Myocarditis 6 Mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 593x
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-10-, 1936, *to* 1-28, 1951, *that I last saw the deceased alive on* (2), 19__ *and that death occurred at* 10:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Macdonald M.D. (Degree or title)
23b. ADDRESS: Stella Mo.
23c. DATE SIGNED: 2-1-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/1/1951
24c. NAME OF CEMETERY OR CREMATORY: Macedonia Cemetery
24d. LOCATION (City, town, or county): Stella (State): Missouri

DATE REC'D BY LOCAL REG.: Mar. 3-51
REGISTRAR'S SIGNATURE: Mrs. Fred Smith 177
25. FUNERAL DIRECTOR'S SIGNATURE: W. M. Pogue ADDRESS: Wheaton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED APR 11 1951

Dist. File 551-065

Date Filed 4-11-51

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 Morris Ogle

Licensed Embalmer No. 3421

P. O. Address Webster, 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.