

FILED MAY 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17491

1750  
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 4386 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Oregon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Thayer		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Thayer	
c. LENGTH OF STAY (In this place) Lifetime		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) RUBY b. (Middle) EDNA c. (Last) RUSSELL			4. DATE OF DEATH (Month) (Day) (Year) April 23, 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan. 7, 1909			9. AGE (In years last birthday) 42		IF UNDER 1 YEAR Months 3 Days 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME William F. Lewallen		13b. MOTHER'S MAIDEN NAME Barbara Stradle		14. NAME OF HUSBAND OR WIFE Dorse 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 ADDRESS Dorale Lemcke Dallas, Texas	

18. CAUSE OF DEATH 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) <u>Electrocution</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			5.9/40 7.2
*This does not mean the mode of dying, such as heart failure, ashenia, 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) <u>Coming in contact with pipe from well which fell across REA high tension wire.</u> DUE TO (c)			

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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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 7:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lee (Doc) Martin Caron</u> (Degree or title)		23b. ADDRESS <u>Thayer Mo.</u>		23c. DATE SIGNED <u>4-24-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/26/51		24c. NAME OF CEMETERY OR CREMATORY <u>Anytown Cemetery</u>	
24d. LOCATION (City, town, or county) (State) Oregon Co., Missouri					

DATE REC'D BY LOCAL REG. <u>May-8-51</u>		REGISTRAR'S SIGNATURE <u>Ella Crass</u> 416		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thayer, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAY 14 1951

DISTRICT HEALTH OFFICE No. 6

No. ....

JUN 1 1951

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.....  
*Leland Carter*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4516*

P. O. Address *Shawnee, 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.

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