

S. No. 300
v. 10 48

FILED JUN 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19280

State File No.

BIRTH NO. _____ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>WRIGHT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MTN GROVE, MISSOURI</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MTN GROVE, MISSOURI</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		1141 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MTN GROVE, MO</u>		d. STREET ADDRESS (If rural, give location) <u>MTN GROVE, MISSOURI</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>RUSSELL</u>	b. (Middle) <u>LEE</u>	c. (Last) <u>VIRTUE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 11 1951</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>CHILD</u>	8. DATE OF BIRTH <u>JULY 23, 1939</u>	9. AGE (In years last birthday) (Month) (Day) (Year) <u>11 9 18</u>	# UNDER 1 YEAR Hours <u>18</u>	# UNDER 1 HR. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHILD</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CHILD</u>	11. BIRTHPLACE (State or foreign country) <u>MTN GROVE, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>ARCHIE LEWIS VIRTUE</u>	13b. MOTHER'S MAIDEN NAME <u>MARGARET LORENE HALLIBURTON</u>	14. NAME OF HUSBAND OR WIFE <u>CHILD</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If negative war or dates of service) <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ARCHIE VIRTUE</u>	ADDRESS <u>MTN GROVE, MO</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Carcinoma of Colon</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 MOS.</u>
*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 (b) _____		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) _____		
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 _____	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) <u>153X</u>
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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 JAN. 1951, to MAY 11, 1951, that I last saw the deceased alive on MAY 9, 1951, and that death occurred at 11:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Geo. O. Hickey, D.O.</u>	(Degree or title) _____	23b. ADDRESS <u>Mtn. Grove, Mo.</u>	23c. DATE SIGNED <u>5-13-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 13th 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>STUBBS</u>	24d. LOCATION (City, town, or county) (State) <u>MTN GROVE, MO</u>
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DATE REC'D BY LOCAL REG. <u>5-21-51</u>	REGISTRAR'S SIGNATURE <u>A.G. Ames</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rub Barber</u>	ADDRESS <u>Mtn. Grove Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number 651-60
Date Filed 6-2-51

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 Rev Barber

Licensed Embalmer No. 3848

P. O. Address Int'l Home

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.