

No. 30
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29807**

FILED SEP 29 1951

BIRTH NO. _____ REG. DIST. NO. **74** PRIMARY REG. DIST. NO. **4136** Registrar's No. **87**

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clinton	
b. CITY (If outside corporate limits, write RURAL and give township) Plattsburg		c. CITY (If outside corporate limits, write RURAL and give township) Plattsburg Mo. 0250	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Rail Road Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rail Road Ave.			

3. NAME OF DECEASED (Type or Print) WALTER	a. (First)	b. (Middle) x x	c. (Last) Russell	4. DATE OF DEATH (Month) (Day) (Year) Sept 16 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Aug. 17 1898	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 0 Days 29	IF UNDER 24 HRS. Hours 0 Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Harvey Russell	13b. MOTHER'S MAIDEN NAME MARY A. Barnett	14. NAME OF HUSBAND OR WIFE Malinda Russell
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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) x NOX	16. SOCIAL SECURITY NO. x	17. INFORMANT'S SIGNATURE OR NAME Ms. Malinda Russell	ADDRESS Plattsburg, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Immediate
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental suffocation and burns from fire		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fire in bed and home, believed to have been caused by smoking while in bed.		
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 125 E 9160 16	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Plattsburg, Clinton Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 ~~_____~~ to **Sept 16, 1951**, that I last saw the deceased ~~_____~~ on ~~_____~~, 19____, and that death occurred at **8:20 A.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. D. Tompkins, D.O.	23b. ADDRESS 201 Farmers Bank Bldg. Cameron, Mo.	23c. DATE SIGNED 9-16-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-17-51	24c. NAME OF CEMETERY OR CREMATORY GREEN HAWN	24d. LOCATION (City, town, or county) (State) Plattsburg Mo.
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DATE REC'D BY LOCAL REG. Sept 18 1951	REGISTRAR'S SIGNATURE Elizabeth Seawee	441	25. FUNERAL DIRECTOR'S SIGNATURE D. D. Lyon	ADDRESS Plattsburg, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 Danell W. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, 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.