

FILED JAN 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40819

BIRTH NO.		REG. DIST. NO. <u>43</u>	PRIMARY REG. DIST. NO. <u>3007</u>	Registrar's No. <u>537</u>
1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived, if in institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (In this place) <u>10</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Richland)</u> <u>080</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctor's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>R. F.D. #1, Dexter, Mo.</u>		
3. NAME OF DECEASED a. (First) <u>Roscoe</u>		b. (Middle) <u>V.</u>	c. (Last) <u>Russell</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 10, 1951</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 26, 1883</u>		9. AGE (In years) (last birthday) <u>68</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Rockville, Ind.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>David Emery Russell</u>		
13b. MOTHER'S MAIDEN NAME <u>Alice Wolf</u>		14. NAME OF HUSBAND OR WIFE <u>Nena Russell</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nena Russell, Dexter, Mo. R. 1</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinomatosis</u> DUE TO (c) <u>Carcinoma - Pancreas</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u> <u>Unknown</u>
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 <u>Carcinoma & Metastasis to Liver & adjacent Organs</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>1998</u>
22. I hereby certify that I attended the deceased from <u>12-2, 1951</u> , to <u>12-10, 1951</u> , that I last saw the deceased alive on <u>12-10, 1951</u> , and that death occurred at <u>2:00 P.M.</u> from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>[Signature] M.D.</u>		23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>12-27-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-13-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bernie</u>
24d. LOCATION (City, town, or county) (State) <u>Bernie, Missouri</u>		DATE REC'D BY LOCAL REG. <u>Dec 28 1951</u>		
REGISTRAR'S SIGNATURE <u>[Signature]</u>		428		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Strickland-Rayney Dexter, Mo.</u>

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

RECEIVED

1/3/52

BUTLER CO. HEALTH CENTER

FILE No. 152-5

780183004

JAN 22 1952

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 J. H. Huchard
Licensed Embalmer No. 2479

P. O. Address Weymouth, MA

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.