

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4239 Registrar's No. 1

1. PLACE OF DEATH  
 a. COUNTY Jackson  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit, Mo. c. LENGTH OF STAY (in this place) 18  
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 507 South Douglas

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri b. COUNTY Jackson  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit, Mo. 04810  
 d. STREET ADDRESS (If rural, give location) 507 South Douglas

3. NAME OF DECEASED  
 a. (First) Belle b. (Middle) Russell c. (Last) \_\_\_\_\_

4. DATE OF DEATH (Month) (Day) (Year)  
Jan 3, 1952

5. SEX Female 6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH June 1 1866

9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Chilhowe, Missouri

12. CITIZEN OF WHAT COUNTRY? Yes

13a. FATHER'S NAME George Enright

13b. MOTHER'S MAIDEN NAME Eliza Starkey

14. NAME OF HUSBAND OR WIFE Lewis N. Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Mrs. Flor Dumhart Lee's Summit, 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Thrombosis  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) hypertension  
 DUE TO (c) none  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death. none

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION 332X

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) \_\_\_\_\_

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 Aug, 1950, to Jan 3, 1952, that I last saw the deceased alive on 1-1, 1952, and that death occurred at 9:00 A. M., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Philip Japer M.D.

23b. ADDRESS Lee's Summit, Mo

23c. DATE SIGNED 1-3-52

24. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec. 5, 1952

24c. NAME OF CEMETERY OR CREMATORY Carpenter

24d. LOCATION (City, town, or county) (State) Warrensburg, Missouri

DATE REC'D BY LOCAL REG. 1-3-52

REGISTRAR'S SIGNATURE Donald C. Eustachaw 37B-07

FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jocelyn Phillips - Warrensburg Mo

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

JAN 16 RECD

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

*H. B. Longford*

Licensed Embalmer No. ....

3833

P. O. Address

*Leob. Simon*

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.