

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

12665

State File No. _____

FILED MAY 5-1952

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **417**

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

3. NAME OF DECEASED (Type or Print), a. (First) Annie b. (Middle) Elizabeth c. (Last) Russell			4. DATE OF DEATH (Month) (Day) (Year) 4-26-1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH Dec. 7, 1871		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 4 Days 19 IF UNDER 12 HRS. Hours 19 Mins. 19	
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) Tennessee	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Isaac Thomas Atchley		13b. MOTHER'S MAIDEN NAME Catherine Dugan		14. NAME OF HUSBAND OR WIFE Eli F. Russell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Jewell Perryman, Willard, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 16 hrs.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		DUE TO (b) Hypertension			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Arteriosclerosis			
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 331X		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from June 1944 to 4-26, 1952, that I last saw the deceased alive on 4-25, 1952, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE Shower F. Matz (Degree or title) D.O.		23b. ADDRESS Ash Grove, Missouri		23c. DATE SIGNED 4-28-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 28-52		24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cem.	
24d. LOCATION (City, town, or county) (State) North of Willard, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Greenwood Middle Willard Mo			
DATE REC'D BY LOCAL REG. 4-30-52		REGISTRAR'S SIGNATURE James R. Anas, M.D.			

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

1396 U

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 James W. Wair
Licensed Embalmer No. 4650

P. O. Address Springfield, Me.

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.