S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Fernandez 26873
State File No.

FILED JUL 22 1952

BIRTH NO. REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 61 Registrar's No. 196

1. PLACE OF DEATH
a. COUNTY Shannon 1010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Eminence
c. LENGTH OF STAY (In this place) 54 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Shannon 1010
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Eminence 0
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Charles
b. (Middle) M.
c. (Last) Russell

4. DATE OF DEATH (Month) July (Day) 6 (Year) 1952

5. SEX M 0
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Aug 23-1897
9. AGE (In years last birthday) 54 — If under 1 year: Months 10 Days 13 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Eminence, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank Russell
13b. MOTHER'S MAIDEN NAME Cary Justice
14. NAME OF HUSBAND OR WIFE Victoria Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Edgar Russell **ADDRESS** Eminence, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SELF INFLICTED GUNSHOT WOUND — INTERVAL BETWEEN ONSET AND DEATH: 10 SECS.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) LEFT FRONTAL, TEMPORAL AREA OF HEAD
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* E976X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) SUICIDE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME
21c. (CITY, TOWN, OR TOWNSHIP) EMINENCE **(COUNTY)** SHANNON **(STATE)** MO.
21d. TIME OF INJURY (Month) 7 (Day) 6 (Year) 1952 (Hour) 7:00 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? SELF INFLICTED WITH SHOT GUN.

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 7 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Dr. J. P. Fernandez (Degree or title) County Coroner
23b. ADDRESS Eminence, Mo.
23c. DATE SIGNED 7/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE 7-10-52
24c. NAME OF CEMETERY OR CREMATORY New Summers
24d. LOCATION (City, town, or county) Eminence, Mo. (State)

DATE REC'D BY LOCAL REG. 7-19-52
REGISTRAR'S SIGNATURE Mabel Barnes 447 0
25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funeral Home **ADDRESS** Mtn View, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Joe R. Duncan

Licensed Embalmer No. 4325

P. O. Address Mt View 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.