

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31994

State File No. _____

5. No. 300
v. 10.48

SEP 16 1952

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN RURAL-WASHINGTON TOWNSHIP)		c. LENGTH OF STAY (in this place) 4 1/2 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-WASHINGTON TOWNSHIP <i>0 1/2 mi</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 9600 WORNALL ROAD			d. STREET ADDRESS (If rural, give location) 9600 WORNALL ROAD		

3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL b. (Middle) B. c. (Last) RUSSELL			4. DATE OF DEATH (Month) (Day) (Year) 7 - 30 - 52		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH July 29, 1867	9. AGE (In years but birthday) 85	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YR. Hours	# UNDER 1 YR. Mts.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI <i>0</i>	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME B. J. RUSSELL	13b. MOTHER'S MAIDEN NAME MARTHA CLARK	14. NAME OF HUSBAND OR WIFE LUCY A. 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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. GRACE A. HANEY - 9600 WORNALL ROAD
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure from weakness of		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sclerosis DUE TO (c) Hypertension		
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 4670	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July 18, 1952, to Aug 30, 1952, that I last saw the deceased alive on July 18th, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ernest W. ... MD	23b. ADDRESS 7449 Broadway K.C. Mo.	23c. DATE SIGNED 7-30-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) 4	24b. DATE 7-30-52	24c. NAME OF CEMETERY OR CREMATORY MT. PLEASANT	24d. LOCATION (City, town, or county) (State) ELDON, MISSOURI
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DATE REC'D BY LOCAL REG. 7/30/52	REGISTRAR'S SIGNATURE Dr. Annie G. Hodges	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & MC CLURE KANSAS CITY, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

