

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44218

State File No.

FILED JAN 2 1953

BIRTH NO. REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 237

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

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. LENGTH OF STAY (in this place) 1 1/2 days	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		d. STREET ADDRESS (If rural, give location) 223 Taylor	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Nancy b. (Middle) Angeline c. (Last) Russell			4. DATE OF DEATH (Month) (Day) (Year) 12-10-1952			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 2-13-1878	9. AGE (In years last birthday) 74	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 Retired	11. BIRTHPLACE (State or foreign country) Tennessee		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME James Slaughter	13b. MOTHER'S MAIDEN NAME Josephine Harvey	14. NAME OF HUSBAND OR WIFE Jesse 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. No.	17. INFORMANT'S SIGNATURE OR NAME BESSIE GARDNER - Sikeston	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardio-vascular dis. DUE TO (c)		
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 443X	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 12.3, 1952, to 12.10, 1952; that I last saw the deceased alive on 12.10, 1952, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wilson J. Ferguson MD	23b. ADDRESS Sikeston, Mo	23c. DATE SIGNED 12.11.52
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Dec 12, 1952	24c. NAME OF CEMETERY OR CREMATORY Christian Rest	24d. LOCATION (City, town, or county) (State) New Albany, Mississippi
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DATE REC'D BY LOCAL REG. 12-24-52	REGISTRAR'S SIGNATURE Mrs. O. Hunter 429	25. FUNERAL DIRECTOR'S SIGNATURE Orville Taylor Sikeston Mo	ADDRESS
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RECEIVED DEC 29 1952
COTT COUNTY HEALTH CENTER
CO. FILE NO. 1252-341

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. E. McMillan
Licensed Embalmer No. 4685

P. O. Address E. Prairie, 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.