

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8431**

FILED MAR 6 - 1953

BIRTH NO. _____ REG. DIST. NO. **330** PRIMARY REG. DIST. NO. **6112A** Registrar's No. **2**

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) Kelso		c. LENGTH OF STAY (in this place) Life	
d. FULL NAME OF HOSPITAL OR INSTITUTION at Mrs Joe Russell home		c. CITY (If outside corporate limits, write RURAL and give township) Kelso 1000	
d. STREET ADDRESS 0		(If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) HELENA		b. (Middle)	
c. (Last) LUX		4. DATE OF DEATH (Month) (Day) (Year) Feb 19 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 12, 1866
9. AGE (In years last birthday) 86		10. UNDER 1 YEAR Months 10 Days 7	11. UNDER 1 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY —	
11. BIRTHPLACE (State or foreign country) Kelso, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Joseph Searger		13b. MOTHER'S MAIDEN NAME Caroline Burger	
14. NAME OF HUSBAND OR WIFE August Kurf		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 Mrs Alvina Russell	
ADDRESS Kelso, 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) Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DUE TO (b) Senility Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
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 4222	
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 Feb. 1 19 53 , to Feb. 19 , 19 53 , that I last saw the deceased alive on Feb. 18 , 19 53 , and that death occurred at 7 P m., from the causes and on the date stated above.			
23a. SIGNATURE J. J. Jones M.D.		(Degree or title)	
23b. ADDRESS Illmo, Mo.		23c. DATE SIGNED 2-28-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-23-53	
24c. NAME OF CEMETERY OR CREMATORY St. Augustines		24d. LOCATION (City, town, or county) (State) Kelso, Missouri	
DATE REC'D BY LOCAL REG. 2-23-53		REGISTRAR'S SIGNATURE J. J. N	
25. FUNERAL DIRECTOR'S SIGNATURE Blaspinghoff Funeral Home		ADDRESS Illmo, Mo	

RECEIVED 3-4-53
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 253-61

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 Oliver C. Amick

Licensed Embalmer No. 4470

P. O. Address Dillmo, 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.