No. 200
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18833

FILED MAY 18 1953

BIRTH NO. _____ REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 5875 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: Oregon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thomasville Moore
c. LENGTH OF STAY (In this place): 51 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: Oregon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thomasville 0750
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): MADDE
b. (Middle): ALICE
c. (Last): RUSSELL

4. DATE OF DEATH (Month) (Day) (Year): April 23, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 20, 1886
9. AGE (In years last birthday): 66 — 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): domestic
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Mtn. View, Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Madison Lile
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Alf 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.: no
17. INFORMANT'S SIGNATURE OR NAME: Alf Russell — ADDRESS: Thomasville, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma Breast — INTERVAL BETWEEN ONSET AND DEATH: 1947

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Metastasis to Spine
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: 170X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Breast removed 1947 for Carcinoma
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1940, 19__, *to* 4-23, 1953, *that I last saw the deceased alive on* 4-21, 1953, *and that death occurred at* 3:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. W. Cooper (Degree or title): MD
23b. ADDRESS: Thayer Mo
23c. DATE SIGNED: 4/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 4/25/53
24c. NAME OF CEMETERY OR CREMATORY: Baller Cemetery
24d. LOCATION (City, town, or county) (State): Thomasville, Mo.

DATE REC'D BY LOCAL REG.: May 16-53
REGISTRAR'S SIGNATURE: Mrs W C Johnson 233
25. FUNERAL DIRECTOR'S SIGNATURE: Leland Carter — ADDRESS: Thayer 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 Leland Carter

Licensed Embalmer No. 4516

P. O. Address Thayer 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.