

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24574**

FILED AUG 4 - 1953

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 11

461

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

1. PLACE OF DEATH a. COUNTY HOWELL			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOWELL		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEST PLAINS,		c. LENGTH OF STAY (In this place) 8 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEST PLAINS,		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION X			d. STREET ADDRESS (If rural, give location) 910 N. JEFFERSON		
3. NAME OF DECEASED (Type or Print) EMMALINE HISAW RUSSELL			4. DATE OF DEATH (Month) (Day) (Year) 7-14-53		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 9-22-1876		9. AGE (In years last birthday) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEMAKER	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) DOUGLAS CO., MO		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME HENRY HISAW		13b. MOTHER'S MAIDEN NAME JANE HERRING		14. NAME OF HUSBAND OR WIFE W T RUSSELL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) X		16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS ELMER RUSSELL, WEST PLAINS		
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Hepatitis ANTECEDENT CAUSES Hypertension Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1244X				INTERVAL BETWEEN ONSET AND DEATH 1 mo 10 yrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 <u>9/10/48</u> , 19 <u> </u> , to <u>7-14</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>7-10</u> , 19 <u>53</u> , and that death occurred at <u>11:15a.</u> , from the causes and on the date stated above.					
23a. SIGNATURE J. Callahan M.D. (Degree or title)		23b. ADDRESS West Plains, Mo.		23c. DATE SIGNED 7/27/53	
24a. BURIAL CREMATION, REMOVAL (Specify) B	24b. DATE 7-16-53	24c. NAME OF CEMETERY OR CREMATORY BALL CEMETERY	24d. LOCATION (City, town, or county) (State) DORA, MISSOURI		
DATE REC'D BY LOCAL REG. 7-30-53	REGISTRAR'S SIGNATURE Beatrice Cook		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ROBERTSONS, WEST PLAINS, MO		

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
Student Embalmer

Signed *D. A. Robertson*
Student Embalmer No. _____

Licensed Embalmer No. 3437

P. O. Address West Hill

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.