

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 23 1953

State File No. 36065
4752

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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 OR TOWN KANSAS City		c. CITY OR TOWN KANSAS City	
c. LENGTH OF STAY (In this place) 1 Mo. 24 Days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION K.C.T.B. HOSPITAL		e. STREET ADDRESS (If rural, give location) 29 2436 PROSPECT 3398 0	

3. NAME OF DECEASED (Type or Print) OPHELIA			4. DATE OF DEATH (Month) (Day) (Year) 9 - 27 - 1953		
a. (First)	b. (Middle) L.	c. (Last) RUSSELL	5. SEX Female	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH DEC. 16 - 1918	9. AGE (In years last birthday) 34	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) JANITRESS	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Huntington, Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME NOLAN SMITH		13b. MOTHER'S MAIDEN NAME BEATRICE MASON		14. NAME OF HUSBAND OR WIFE Willie Russell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 495-03-7740		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Beatrice Clinton 2436 Prospect	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		002X	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
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 8-3, 1953, to 9-27, 1953 that I last saw the deceased alive on 9-27, 1953 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Edward P. Altomare (Degree or title)		23b. ADDRESS 1030 E. Pacific		23c. DATE SIGNED	
24a. BURIAL, CREMATION REMOVAL (Specify)		24b. DATE 10/5/53		24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery Kansas City, Mo.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Geraldine Smith		ADDRESS 18th & Benton	
DATE REC'D BY LOCAL REG. 10-2-53		REGISTRAR'S SIGNATURE			

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Bruce L. Watkins*
.....

Licensed Embalmer No. *415*

P. O. Address *18th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.