

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1506

State File No.

FILED JAN 27 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar No. 128

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>50 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>2411 East Meyer</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>		3878 0	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>F.</u> c. (Last) <u>Russell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 7, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>OCT-1-1884</u>
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>IATAN MISSOURI</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>WILLIAM VOLKER COMPANY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>RUSSELL</u>	13b. MOTHER'S MAIDEN NAME <u>MINNIE BARROW</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. FLORENCE V. RUSSELL</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>495-07-9594</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>MRS. FLORENCE V. RUSSELL 2411 E. MEYER KANSAS CITY, MO.</u>

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 <u>Acute Renal Insufficiency with Azotemia</u> ANTECEDENT CAUSES <u>Chronic Nephrosclerosis</u> DUE TO (c) <u>Generalized Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>6 mo.</u> <u>1 year</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4221		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 Dec 20, 1953, to Jan 7, 1954, that I last saw the deceased alive on Jan 7, 1954 and that death occurred at 6:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Graham Asher M.D.</u> (Degree or title) & <u>MD</u>	23b. ADDRESS <u>220 Professional Bldg. Kansas City, Mo.</u>	23c. DATE SIGNED <u>1-8-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN 9 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u>
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		

DATE REC'D BY LOCAL REG. <u>1-9-54</u>	REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>DW Newcomers Sons, 1391 BRUSH CREEK Kansas City, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

2021 8 14

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

Rollie Fessel

Licensed Embalmer No. 4690

P. O. Address R. C. 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.