

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2235

State File No.

BIRTH NO. FILED FEB 8 1954 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5900 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <i>Deming</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Deming</i>	
b. CITY (If outside corporate limits, write RURAL and give town) <i>Rural Proggobain</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Steele</i>	
c. LENGTH OF STAY (in this place) <i>3.7</i>		d. STREET ADDRESS (If rural, give location) <i>Route 20</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Roland</i> b. (Middle) <i>L</i> c. (Last) <i>Russ</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>1-24-54</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>3-19-1905</i>	9. AGE (In years last birthday) <i>49</i>	IF UNDER 1 YEAR Months <i>10</i> Days <i>5</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>		11. BIRTHPLACE (State or foreign country) <i>Ky</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>					

13a. FATHER'S NAME <i>Kenton Russ</i>		13b. MOTHER'S MAIDEN NAME <i>Annie Barrett</i>		14. NAME OF HUSBAND OR WIFE <i>Murdie Russ</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>-</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Annie Russ</i>	
				ADDRESS <i>Steele Mo Rt 2</i>	

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* <i>Carcinoma of Stomach, Scirrhous</i>		INTERVAL BETWEEN ONSET AND DEATH <i>9 mo</i>	
		ANTECEDENT CAUSES Morbidity 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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>151 X</i>		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)		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 *April 53*, 19*53*, to *Jan 24*, 19*54*, that I last saw the deceased alive on *Jan 23*, 19*54*, and that death occurred at *10:40 P m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>George J. Gorman</i>		23b. ADDRESS <i>Kennett Mo</i>		23c. DATE SIGNED <i>1/27/54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>1-26-54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Little Annie Caruthersville Mo.</i>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <i>John H. Gorman</i>		ADDRESS <i>Gorman and Co. Steele Mo.</i>	
DATE REC'D BY LOCAL REG. <i>2-1-54</i>		REGISTRAR'S SIGNATURE <i>John H. Gorman</i>		406-0	

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

2-24-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

FEB 5 1954

MAR 9 1954

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 Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.