

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5244

State File No.

FILED MAR 12 1954
BIRTH NO. _____ REG. DIST. NO. 152 PRIMARY REG. DIST. NO. 3028 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (In this place) 21 yrs		c. CITY OR TOWN Carthage		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 McCune-Brooks Hospital				e. STREET ADDRESS (If rural, give location) 107 S. Fulton St 0493						
3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR			b. (Middle) RUSSELL		c. (Last) RUSSELL			4. DATE OF DEATH (Month) (Day) (Year) Feb 28-1954		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH June 22-1881		9. AGE (In years last birthday) 72		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinist, ret.				10b. KIND OF BUSINESS OR INDUSTRY manufacturing		11. BIRTHPLACE (City and State or Foreign Country) Harmony, Indiana		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Andrew J. Russell			13b. MOTHER'S MAIDEN NAME Martha Allen			14. NAME OF HUSBAND OR WIFE Myrtle Green Russell				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 490-10-1566		17. INFORMANT'S SIGNATURE OR NAME Mrs. A. Russell, 107 S. Fulton, Carthage					ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Valvular Heart + Bright's</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Bright's disease</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 6 mos		
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) Carthage		(COUNTY) 593X		(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 12-22, 1953, to 2-28, 1954, that I last saw the deceased alive on 2-28, 1954, and that death occurred at 11:20 p.m., from the causes and on the date stated above.										
23a. SIGNATURE <i>A. C. Baker</i> (Degree or title) MD				23b. ADDRESS Carthage, Mo			23c. DATE SIGNED 3-1-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Mar 5-1954		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Mo				
DATE REC'D BY LOCAL REG. 3-4-54		REGISTRAR'S SIGNATURE <i>Lloyd B. Clinton MD</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 11 1954

Jasper County Health Office

County File Number 54-3-192

Date Filed MAR 11 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 O. L. Isbell, Student Embalmer No. 500 working under my personal supervision.

Student O. L. Isbell
Signature of Student Embalmer

Signed Frank W. Knell

Licensed Embalmer No. 4440

P. O. Address Carthage,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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