

FILED JUL 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19483

0082
4

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

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>	
c. LENGTH OF STAY (in this place) <u>3</u> years		d. STREET ADDRESS (If rural, give location) <u>175 Morton Road</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Amox Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>175 Morton Road</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dollie</u> b. (Middle) _____ c. (Last) <u>Russell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 1, 1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, <u>WIDOWED</u> , DIVORCED (Specify)		8. DATE OF BIRTH <u>Dec. 6, 1870</u>	
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR: MONTHS _____ DAYS _____	
IF UNDER 24 HRS: HOURS _____ MIN. _____		11. BIRTHPLACE (State or foreign country) <u>Miller County Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Lewis D. Atkinson</u>	
13b. MOTHER'S MAIDEN NAME <u>Vertie Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>John 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>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mary Snodgrass, Eldon, Mo.</u>		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple fracture right arm</u> <u>trauma</u> ANTECEDENT CAUSES <u>Broken</u> 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. <u>E900</u> <u>21</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>G. day</u>		19a. DATE OF OPERATION _____	
19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>Lebanon Laclede Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-25-54</u> m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fell down stairs</u>	
22. I hereby certify that I attended the deceased from <u>1-25, 1954</u> , to <u>7-1, 1954</u> , that I last saw the deceased alive on <u>7-1, 1954</u> , and that death occurred at <u>12:30a.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. E. Hamel, M.D.</u> (Degree or title)		23b. ADDRESS <u>Lebanon Mo.</u>	
23c. DATE SIGNED <u>7-2-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>7-2-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Olean</u>	
24d. LOCATION (City, town, or county) (State) <u>Olean, Mo.</u>		DATE REC'D BY LOCAL REG. <u>7-5-1954</u>	
REGISTRAR'S SIGNATURE <u>Hella L. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. Palmer</u> ADDRESS <u>Lebanon Mo.</u>	

Received JUL 10 1954
Laclede County Health Unit
File No. 7-54-107
Date Filed JUL 12 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed S. R. Palmer

Licensed Embalmer No. 41810

P. O. Address Laboratory 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.