

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22002**

BIRTH NO. _____		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>4021</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Laddonia</u>		c. LENGTH OF STAY (in this place) <u>4 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rush Hill</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Britton Nursing Home</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u>		b. (Middle) <u>RUSSELL</u>		c. (Last) <u>GISEL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 16, 54</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>October 31, 1875</u>	
9. AGE (In years last birthday)		10. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Audrain County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		13a. FATHER'S NAME <u>Phillip Strother</u>		13b. MOTHER'S MAIDEN NAME <u>Anna E. ShROUT</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN GISEL</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 ADDRESS <u>Mrs. Mary E. Kunkel, Rush Hill, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Old Age &amp; Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>48 HRS</u> <u>5 YRS</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				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) (Min)		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 <u>June</u> , 19 <u>52</u> , to <u>July</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>July 16</u> , 19 <u>54</u> , and that death occurred at <u>3:45</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>William W. Jones, D.O.</u>				23b. ADDRESS <u>Laddonia, Mo.</u>		23c. DATE SIGNED <u>7-17-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 18, 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laddonia</u>		24d. LOCATION (City, town, or county) (State) <u>Laddonia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-17-54</u>		REGISTRAR'S SIGNATURE <u>Martha Keenan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Tal &amp; Curtis</u>		ADDRESS <u>Mexico, Mo.</u>	

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

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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 Earl E. Pugh

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.