

FILED SEP 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29893**  
Registrar's No. **994**

BIRTH NO. _____		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. <b>994</b>	
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>34 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		d. STREET ADDRESS (If rural, give location) <b>3115 St. Joseph Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Methodist Hospital</b>							
3. NAME OF DECEASED (Type or Print) <b>JOHN</b>		a. (First)		b. (Middle) <b>Alexander</b>		c. (Last) <b>RUSSELL</b>	
4. DATE OF DEATH <b>Sept. 9 1954</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>June 17, 1886</b>		9. AGE (In years last birthday) <b>68</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Grocer</b>		11. BIRTHPLACE (State or foreign country) <b>Andrew County, Missouri</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Retail Grocery</b>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
13a. FATHER'S NAME <b>Alexander F. Russell</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Snyder</b>		14. NAME OF HUSBAND OR WIFE <b>Pearl Russell</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>443-05-6564</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Pearl Russell</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME		ADDRESS <b>St. Joseph, Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>  ANTECEDENT CAUSES 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.				INTERVAL BETWEEN ONSET AND DEATH <b>18 hrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>				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 <b>27 March, 1951</b> , to <b>Sept 9, 1954</b> , that I last saw the deceased alive on <b>Sept 9, 1954</b> , and that death occurred at <b>2:30P m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Arthur W. Allison MD</b>				23b. ADDRESS <b>570 Francis St. St. Joseph, Mo.</b>		23c. DATE SIGNED <b>10 Sept 54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Sept. 12, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Savannah Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Savannah Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Sept 16, 1954</b>		REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stamey Funeral Home St. Joseph, Mo.</b>			

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

**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.....  
*Charles E. Bennett*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4677*

P. O. Address *St Joseph 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.