

FILED APR 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8868

State File No.

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3044 Registrar's No. 18

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| 1. PLACE OF DEATH a. COUNTY <u>Miller</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon</u> <u>1661</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>North + Aurora</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North + Aurora</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u> | b. (Middle) <u>-</u> | c. (Last) <u>Russell</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 28, 1955</u> |
|---|----------------------|--------------------------|---|

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|---|-------------------------------|--|---------------------------------------|--|---------------------------|--|-------|------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Aug. 23, 1863</u> | 9. AGE (In years) (last birthday) <u>91</u> | IF UNDER 1 YEAR Months | IF UNDER 12 HRS. Days | Hours | Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Stockman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |

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|---|---------------------------------------|---|
| 13a. FATHER'S NAME <u>Mayfield Russell</u> | 13b. MOTHER'S MAIDEN NAME <u>-</u> | 14. NAME OF HUSBAND OR WIFE <u>Lottie Nina Russell</u> |
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| 15. WAS DEPOSED 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>Mrs. L. Russell</u> | ADDRESS <u>K.C. Kan.</u> |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage from Gastro-intest. track.</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, Hypertension.</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pathology of old age</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>47 X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|--|--|---|
| 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 Feb 1, 1955, to Mar 28, 1955, that I last saw the deceased alive on Mar 26, 1955, and that death occurred at _____ m., from the causes and on the date stated above.

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|---|-----------------------------------|--------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>E. O. Shelton M.D.</u> | 23b. ADDRESS <u>Eldon, Mo.</u> | 23c. DATE SIGNED <u>Mar 31 55</u> |
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|--|-----------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Mar. 31, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Eldon</u> | 24d. LOCATION (City, town, or county) (State) <u>Eldon Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Mar. 31, 1955</u> | REGISTRAR'S SIGNATURE <u>Al Wernette Walt</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis D. Phillips</u> | ADDRESS <u>Eldon</u> |
|--|--|--|-------------------------|

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

MAY 13 1955

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.....

Louis D. Phillips

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Louis D. Phillips*

Licensed Embalmer No. *3663*

P. O. Address *Edison*

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.