

FILED MAY 16 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11385**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **146**

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Jefferson City</b>		c. CITY OR TOWN <b>Jefferson City</b>	
c. LENGTH OF STAY (In this place) <b>25 days</b>		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 <b>St. Mary's Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>921 East Capital</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b>	b. (Middle) <b>WILLIAM</b>	c. (Last) <b>RUSSELL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 9 1955</b>
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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>July 5 1878</b>	9. AGE (In years last birthday) <b>76</b>	if UNDER 1 YEAR Months <b>10</b> Days <b>4</b> Hours <b>-</b> Min. <b>-</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoemaker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Factory</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Cole County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Sterling Russell</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Blank</b>	14. NAME OF HUSBAND OR WIFE <b>Clara M. Russell</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>490-09-4773</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Clara M. Russell</b> ADDRESS <b>Jeff City, Mo 921 East Capital</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Generalized</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION <b>4/20</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from **April 13 1955**, to **May 9 1955**, that I last saw the deceased alive on **May 7, 1955**, and that death occurred at **9:35 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. Bruce M. D.</b>	23b. ADDRESS <b>24 Madison Jefferson City, Mo</b>	23c. DATE SIGNED <b>5-11-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/12/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hickory Hill</b>	24d. LOCATION (City, town or county) (State) <b>Hickory Hill, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>May 11-55</b>	REGISTRAR'S SIGNATURE <b>R. P. Davis MD.</b>	FUNERAL DIRECTOR'S SIGNATURE <b>W. R. Tanner Funeral Serv., Inc.</b>	ADDRESS <b>Jefferson City, Mo</b>
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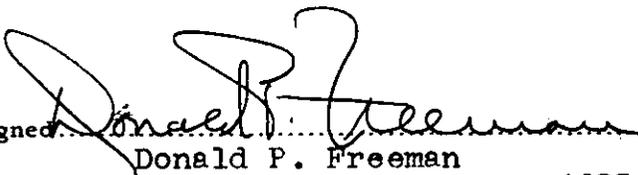
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed   
Donald P. Freeman  
Licensed Embalmer No. 4623.

P. O. Address Jefferson... 31

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.