

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14916

State File No.

FILED MAY 24 1955

BIRTH NO. _____ REG. DIST. NO. 57 PRIMARY REG. DIST. NO. 5233 Registrar's No. 57

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

1. PLACE OF DEATH a. COUNTY <u>CASS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CASS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL WEST DOLAN</u>	c. LENGTH OF STAY (In this place) <u>LIFE</u>	c. CITY OR TOWN <u>WESTLINE</u>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0190</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>		e. STREET ADDRESS (If rural, give location) <u>RURAL WEST DOLAN TWP.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RUSSELL</u> b. (Middle) <u>PRICE</u> c. (Last) <u>JANUARY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 18 1955</u>		
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>2-9-1883</u>	9. AGE (In years last birthday) <u>72</u>	if UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>FREEMAN, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>GEORGE W. JANUARY</u>		13b. MOTHER'S MAIDEN NAME <u>MARY BELLE RYAN</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Evans</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>MRS MARY CRAWFORD</u>			

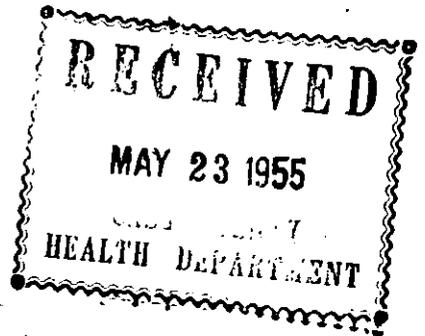
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ruptured aortic aneurysm</u>			INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>
		ANTECEDENT CAUSES Morbidity 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>arterio-sclerosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>5401</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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Gerald Jaidev (Crima)</u>		23b. ADDRESS <u>3 Pleasant Hill, Mo.</u>		23c. DATE SIGNED <u>5/18/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-20-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GLENWILD CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>WESTLINE MO</u>	

DATE REC'D BY LOCAL REG. <u>May 20 1955</u>	REGISTRAR'S SIGNATURE <u>Nota Baruaud</u>	457-01	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Gerald E. White Lumbing Ks.</u>	
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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
Signature of Student Embalmer

Signed *Gerald E. White*

Licensed Embalmer No. *49*

P. O. Address *Louisburg*

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.