

FILED MAY 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16104**BIRTH NO. _____ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **3047** Registrar's No. **41**

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairview	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sales Memorial Hospital		d. STREET ADDRESS (If rural, give location) 11177	
3. NAME OF DECEASED (Type or Print) a. (First) MAGGIE b. (Middle) J. c. (Last) RUSSELL			4. DATE OF DEATH (Month) (Day) (Year) April 20, 1955
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 14, 1874
9. AGE (In years last birthday) 81		10. MONTHS 0	11. DAYS 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Newton County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Jacob Killion	
13b. MOTHER'S MAIDEN NAME Sarah Cockrell		14. NAME OF HUSBAND OR WIFE Stephen A. Russell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Tot Coffey-Fairview, Missouri		ADDRESS Missouri	
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) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 1 hr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease			5 yrs
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute)		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 May , 19 97 , to April 20 , 19 55 that I last saw the deceased alive on April 20 , 19 55 , and that death occurred at 3 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Harold C. Reitz, M.D.		23b. ADDRESS Neosho, Mo.	
23c. DATE SIGNED 4-25-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-24-1955	
24c. NAME OF CEMETERY OR CREMATORY Dice Cemetery		24d. LOCATION (City, town, or county) (State) Fairview, Missouri	
DATE REC'D BY LOCAL REG. 4-28-55		REGISTRAR'S SIGNATURE Melvin C. Bowers	
25. FUNERAL DIRECTOR'S SIGNATURE Paul W. Herbert		ADDRESS Cassville	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District # _____
District # _____
Date Filed _____

Officer No. 555-79
3-16-55

NEOSHO, MISSOURI

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 Margaret C. Henbest

Licensed Embalmer No. 4389

P. O. Address Cassville

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.