

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18311**

Russell
FILED JUL 11 1955

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>596</u>			
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI				b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD			c. LENGTH OF STAY (in this place) 4 hrs		c. CITY OR TOWN SPRINGFIELD		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 HANDLEY HOSPITAL				e. STREET ADDRESS (If rural, give location) 2832 W. ELM				03960	
3. NAME OF DECEASED (Type or Print) a. (First) JESS			b. (Middle)		c. (Last) MONABB		4. DATE OF DEATH (Month) (Day) (Year) JULY 5, 1955		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 12 Feb. 1872		9. AGE (In years last birthday) 83	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Groceryman			10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Missouri			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John W. McNabb			13b. MOTHER'S MAIDEN NAME Harriet Jackson			14. NAME OF HUSBAND OR WIFE Married			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Nora McReynolds		ADDRESS Bolivar, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gen. Va. A.						INTERVAL BETWEEN ONSET AND DEATH 24 hr	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) H.T.C.V.D.						10 yr	
		DUE TO (c) arteriosclerosis						20 yr	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 3.3/1X							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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 <u>5-5</u> , 19 <u>55</u> , to <u>5-5</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5-5</u> , 19 <u>55</u> , and that death occurred at <u>1:15 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <i>Earl W. Russell</i> (Degree or title) M.D.				23b. ADDRESS 5 National Springfield Mo.			23c. DATE SIGNED 5-8-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-8-55		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) Bolivar, Missouri			
DATE RECD BY LOCAL REG. 7-8-55		REGISTRAR'S SIGNATURE <i>Earl W. Russell</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>J. W. Blingard & Co</i> SPRINGFIELD, MISSOURI				

(Licensed Embalmer's Statement on Reverse Side)

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

1955 OCT 7

OCT 7 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Glenn D. Williams*

Licensed Embalmer No. *466*

P. O. Address *Springfield*

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.