

FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22363
2525

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 2 WKS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1426 SUMMITT		STREET ADDRESS (If rural, give location) 29 1426 SUMMITT 32180	

3. NAME OF DECEASED (Type or Print) a. (First) CHRISTOPHER b. (Middle) MARTIN c. (Last) RUSSELL			4. DATE OF DEATH 6 8 55		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 2-27-08		9. AGE (In years last birthday) 47
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY UNEMPLOYED	11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY MO		12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME WILLIAM RUSSELL	13b. MOTHER'S MAIDEN NAME MINNIE HAMPTON	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. 412-180-4854	17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Russell 1426 Summitt	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Putting salt Exam shows ANTECEDENT CAUSES barbiturate poisoning		INTERVAL BETWEEN ONSET AND DEATH
		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 8710 14	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, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) COUNTY STATE Kansas City Jackson, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-8-55	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Barbiturate Poison

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 _____ m., from the causes and on the date stated above.

23. SIGNATURE Geo. C. Kealhofer (Degree or title) 3	23b. ADDRESS 6627 Franklin Ave	23c. DATE SIGNED 6-9-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 6/9/55	24c. NAME OF CEMETERY OR CREMATORY WEAVER	24d. LOCATION (City, town, or county) STATE WEAVER MO
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DATE REC'D BY LOCAL REG. 6-13-55	REGISTRAR'S SIGNATURE Vera Marshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SHEILA FUNERAL HOME Keokuk
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11
Child 6
" 7 -
MAR 22 1956
30-55
53

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 *Richard C. Carroll*

Licensed Embalmer No. *482*

P. O. Address *H.C. ...*

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.