

FILED DEC 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35925

State File No.

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY BATES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BATES	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BUTLER		c. CITY OR TOWN BUTLER RFD	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION BUTLER MEMORIAL HOSPITAL		e. STREET ADDRESS (If rural, give location) Rural Rtl Butler Missouri	

3. NAME OF DECEASED (Type or Print)	a. (First) LINDA	b. (Middle) GAIL	c. (Last) RUSSELL	4. DATE OF DEATH (Month) (Day) (Year) NOV 29 55
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Oct 26 1952	9. AGE (In years last birthday) 3	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days 3	Hours 3	Min. 45
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Butler Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Gaylord Russell	13b. MOTHER'S MAIDEN NAME Patty Lou Quick	14. NAME OF HUSBAND OR WIFE single
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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. none	17. INFORMANT'S SIGNATURE OR NAME Gaylord Quick-Butler RFD #1 Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) congenital heart disease type		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) undetermined DUE TO (c) undetermined		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Immediate cause of death unknown.		3.45	

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Butler, Mo
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?

22. I hereby certify that I attended the deceased from **October 29, 1955** to **Nov 29, 1955**, that I last saw the deceased alive on **Nov. 29, 1955**, and that death occurred at **5:30 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Douglas Ronald MD	23b. ADDRESS Butler, Mo	23c. DATE SIGNED 12/1/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/1/55	24c. NAME OF CEMETERY OR CREMATORY Oakhill cemetery	24d. LOCATION (City, town, or county) (State) Butler Missouri
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DATE REC'D BY LOCAL REG. Dec 1-55	REGISTRAR'S SIGNATURE Ronald Karam 17-0	25. FUNERAL DIRECTOR'S SIGNATURE Culver Underwood	ADDRESS Butler Missouri
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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 *Robert G. Steinbeck*

Licensed Embalmer No. *465*

P. O. Address *Butley*

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.