

FILED JAN 3 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39881**
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **54**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Byrd</b>	
c. LENGTH OF STAY (in this place) <b>3 weeks</b>		d. STREET ADDRESS (If rural, give location) <b>1 Mi. S.E. Fruitland, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Southeast Missouri Hosp</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>DICK</b> b. (Middle) <b>BRYAN</b> c. (Last) <b>RUSSELL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12-24-1955</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 25 1896</b>	9. AGE (In years last birthday) <b>59</b>	10. IF UNDER 22 HRS. Hours Min. <b>29</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>					

13a. FATHER'S NAME <b>Elam Russell</b>	13b. MOTHER'S MAIDEN NAME <b>Nellie Reed</b>	14. NAME OF HUSBAND OR WIFE <b>Carnie Russell</b>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>493-10-4409</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Pete Russell</b>	ADDRESS <b>Cape Girardeau, Mo.</b>
---	---	---	------------------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bilateral broncho-pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Post-trauma</b>		<b>19 days</b>
		DUE TO (c) <b>Traumatic amputation left leg, multiple pelvic fractures</b>		<b>19 days</b>
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Cape Girardeau Co. Mo.</b>
--	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Dec 5, 1955 m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Collision of car and tractor</b>
---	---	--

22. I hereby certify that I attended the deceased from **Dec 5, 1955**, to **Dec 24, 1955**, that I last saw the deceased alive on **Dec 24, 1955**, and that death occurred at **2:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. N. Jaeger, M.D.</b>	23b. ADDRESS <b>Jackson, Mo.</b>	23c. DATE SIGNED <b>Dec 26, 1955</b>
--	----------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/26/1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Hwy 4, 61 So. Jackson, Mo.</b>
---	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <b>12-27-55</b>	REGISTRAR'S SIGNATURE <b>C. C. Summers</b>	44-0	25. FUNERAL DIRECTOR'S SIGNATURE <b>McCombs Firm</b>	ADDRESS <b>Flud Co. Jackson, Mo.</b>
--	--	------	--	--------------------------------------

JAN 4

**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 Thos. S. Allen

Licensed Embalmer No. 4055

P. O. Address Jackson

**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.