

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26658**

FILED SEP 4 1956

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021** Registrar's No. **132**

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

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) Trenton		c. CITY (If outside corporate limits, write RURAL and give township) Tindall	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0400	
d. FULL NAME OF HOSPITAL OR INSTITUTION East side ball park			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Guy c. (Last) Russell			4. DATE OF DEATH (Month) (Day) (Year) Aug. 27, 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept 3, 1882		9. AGE (In years last birthday) 73		10. UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. railroad Emp.		10b. KIND OF BUSINESS OR INDUSTRY Railroading		11. BIRTHPLACE (City and State or Foreign Country) 0	
11. BIRTHPLACE (City and State or Foreign Country) 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Scott Russell		13b. MOTHER'S MAIDEN NAME Susan Proctor		14. NAME OF HUSBAND OR WIFE Rose Russell	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Rose Russell ADDRESS Tindall, Mo.	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary thrombosis		DUPLICATE OF (b) Coronary arteriosclerosis			minutes
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) _____			Several years
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE OF (d) Congestive heart failure			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) 4201	
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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? _____	
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22. I hereby certify that I attended the deceased from **June 24, 1956**, to **Aug. 27, 1956**, that I last saw the deceased alive on **Aug. 20, 1956**, and that death occurred at **9:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) David M. Witten M.D.		23b. ADDRESS 1300 Main St. Trenton, Mo.		23c. DATE SIGNED Aug 28, 1956	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/30/56		24c. NAME OF CEMETERY OR CREMATORY South Evans Cemetery	
24d. LOCATION (City, town, or county) (State) Grundy Co. Mo.					

DATE REC'D BY LOCAL REG. 8-29-56		REGISTRAR'S SIGNATURE Gene Farn		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles D. Gipson Trenton, Mo.	
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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 Leo G. Whitaker

Licensed Embalmer No. 4780

P. O. Address Trenton, Mo.

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.