

FILED OCT 4 1956

STANDARD CERTIFICATE OF DEATH

31058  
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 421

300  
1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|   |                                      |   |   |
|---|--------------------------------------|---|---|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <u>Jackson</u>  |                                      | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>               |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Independence</u>   |                                      | c. CITY OR TOWN <u>Independence</u>   |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>906 E. South Ave</u>   |                                      | d. STREET ADDRESS <u>906 E. South Ave</u>   |   |
| Length of stay in hospital <u>4 years</u>   |                                      | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   |
| <b>3. NAME OF DECEASED</b> (Type or print) <u>Harman</u> First <u>A</u> Middle <u>Russell</u> Last  |                                      |   | <b>4. DATE OF DEATH</b> <u>Sept 26, 1956</u>  |
| <b>5. SEX</b> <u>Male</u>   | <b>6. COLOR OR RACE</b> <u>White</u> | <b>7. MARRIED</b> <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | <b>8. DATE OF BIRTH</b> <u>Oct. 27, 1873</u>  |
| <b>9. AGE</b> (In years last birthday) <u>82</u>  |                                      | IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>  | IF UNDER 24 HRS.  |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Ret. Painter</u>  |                                      | <b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Int. Decorator</u>  | <b>11. BIRTHPLACE</b> (City and state or country) <u>New Salem Penn!</u>                              |
| <b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>   |                                      | <b>13. FATHER'S NAME</b> <u>Joseph T. Russell</u>   |   |
| <b>14. MOTHER'S MAIDEN NAME</b> <u>Catherine Spearman</u>   |                                      | <b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>                                      |   |
| <b>16. SOCIAL SECURITY NO.</b> <u>None</u>  |                                      | <b>17. INFORMANT</b> <u>Mrs. Alice H. Russell, 906 E. South Ind. Mo.</u> Address  |   |
| <b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c).]  |                                      |   | <b>INTERVAL BETWEEN ONSET AND DEATH</b>   |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Sclerosis</u>  |                                      |   | <u>6 mo</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u>  |                                      |   | <u>6 mo</u>   |
| DUE TO (c) <u>Senescence</u>  |                                      |   | <u>1 year</u>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)   |                                      |   | <b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| <b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>  |                                      | <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in Part I or Part II of item 18.)   |   |
| <b>20c. TIME OF INJURY.</b> Hour <u>  </u> Month <u>  </u> Day <u>  </u> Year <u>  </u> a. m. <u>  </u> p. m. <u>  </u>   |                                      | <b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>  |   |
| <b>20e. PLACE OF INJURY</b> (e. g., in or about home, farm, factory, street, office bldg., etc.)  |                                      | <b>20f. CITY, TOWN, OR LOCATION</b> <u>Independence, Mo</u> COUNTY STATE  |   |
| <b>21. I attended the deceased from</b> <u>Aug 22, 1956</u> <u>9/26/56</u> and last saw her/him alive on <u>9/26/56</u><br>Death occurred at <u>10:30</u> <u>a</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                      |   |   |
| <b>22a. SIGNATURE</b> (Degree or title) <u>Alice H. Russell</u>   |                                      | <b>22b. ADDRESS</b> <u>Independence, Mo</u>   |   |
| <b>22c. DATE SIGNED</b> <u>9/28/56</u>  |                                      | <b>23a. BURIAL, CREATION, REMOVAL (Specify)</b> <u>Burial</u>   |   |
| <b>23b. DATE</b> <u>Sept. 28, 1956</u>  |                                      | <b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt. Washington</u>   |   |
| <b>23d. LOCATION</b> (City, town, or county) <u>Kansas City, Mo</u> (State)   |                                      | <b>24. FUNERAL DIRECTOR</b> <u>Robert K. Speake, 1100 W. Independence, Mo.</u> ADDRESS  |   |
| <b>25. DATE RECD. BY LOCAL REG.</b> <u>9-28-56</u>  |                                      | <b>26. REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>   |   |

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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.....  
Signature of Student Embalmer

Signed *Kenneth Peterson*

Licensed Embalmer No. *467*

P. O. Address *Indep.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.