

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **34475**

FILED NOV 7 - 1956

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 482

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jasper</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>             |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin, Mo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  | c. CITY OR TOWN <u>Joplin Missouri</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                              |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2509 Utica St.</u> Length of stay in lb <u>2 yrs.</u>                                  |  | d. STREET ADDRESS (If outside, give location) <u>2509 Utica St.</u> Rside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |

|  |                               |  |   |   |  |
|--|-------------------------------|--|---|---|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>Leafie</u> Middle <u>Russell</u> Last <u>Russell</u>               |                               |  | 4. DATE OF DEATH<br>Month <u>Oct</u> Day <u>27</u> Year <u>1956</u> |   |  |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Oct. 16, 1871</u>                            | 9. AGE (In years last birthday) <u>85</u>                                     | IF UNDER 1 YEAR<br>Months <u>0</u> Days <u>11</u> Hours <u>11</u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>       |                               | 10b. KIND OF BUSINESS OR INDUSTRY  |   | 11. BIRTHPLACE (City and state or country) <u>Stone Co. Missouri U. S. A.</u> |  |
| 13. FATHER'S NAME <u>Alexander Tennis</u>  |                               |  | 14. MOTHER'S MAIDEN NAME <u>Elizabeth Smith</u>                     |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u> |                               | 16. SOCIAL SECURITY NO. <u>None</u>  |   | 17. INFORMANT Address <u>Harby Russell, West City Mo</u>                      |  |

|   |  |  |  |
|---|--|--|--|
| 18. CAUSE OF DEATH [Enter only one cause per (a), (b), and (c)]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Hypertensive Disease</u><br>DUE TO (c) <u>Arteriosclerosis.</u> |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>8 weeks</u><br><u>Several years.</u>                    |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>331x</u>   |  |  | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

|   |  |   |
|---|--|---|
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |   |
| 20c. TIME OF INJURY<br>Hour <u></u> Month <u></u> Day <u></u> Year <u></u><br>a. m. <u></u> p. m. <u></u> |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)    | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |

21. I attended the deceased from 1943 to Oct 27, 1956 and last saw her/him alive on Oct 27, '56  
Death occurred at 10:55 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. H. Ferris M.D. 22b. ADDRESS 530 1/2 Main St. Joplin Mo 22c. DATE SIGNED 10-28-56

|   |                             |   |   |
|---|-----------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>       | 23b. DATE <u>10/29/1956</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Gibson Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Neosho, Missouri</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Johnston-Arce, Neosho, Mo</u> |                             | 25. DATE RECD. BY LOCAL REG. <u>10-29-1956</u>            | 26. REGISTRAR'S SIGNATURE <u>Doow Merriam</u>                         |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

County File Number 56-11-873  
Date Filed NOV 5 1956  
Health Office

**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 *Harvey E. [Signature]*

Licensed Embalmer No. 45

P. O. Address *Weth. Co.*

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.