THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 7 1957

STATE FILE NUMBER 40667

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1386

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|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Buchanan | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Buchanan |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Inside Limits Yes ☒ No ☐ | c. CITY OR TOWN St. Joseph — Inside Limits Yes ☒ No ☐ |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2215 Vories St., — Length of stay in lb 10 years | d. STREET ADDRESS (If outside, give location) 2215 Vories St., — Reside on Farm Yes ☐ No ☒ |

3. NAME OF DECEASED (Type or print) First: ELLA Middle: Last: RUSSELL

4. DATE OF DEATH Month Day Year: Dec. 23, 1956

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: July 9, 1880

9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (City and state or country): Malvern, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: E. Bodman

14. MOTHER'S MAIDEN NAME: Sarah Boyd

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) ———

16. SOCIAL SECURITY NO.: none

17. INFORMANT Address: Mrs. Gladys Rosenthal, 2215 Vories, St. Joseph

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 24 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis — 3 years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 332X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 11-21-56, to 12-27-56 and last saw her/him alive on 11-27-56

Death occurred at 4:30p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. F. Mothershead MD

22b. ADDRESS: 2603 Frederick Avenue City

22c. DATE SIGNED: 12-31-56

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 12/24/1956

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State): Tabor, Iowa

24. FUNERAL DIRECTOR ADDRESS: Heaton-Bowman St Joseph Mo

25. DATE RECD. BY LOCAL REG.: Jan 3, 1957

26. REGISTRAR'S SIGNATURE: Esther M. Allison

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Billie C. Gonde

Licensed Embalmer No. 49

P. O. Address St. Joseph

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.