

with, Yellow, Public Service, 300-56, Doctor, coroner, etc. must use only standard nomenclature in their reports. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

Russell

FILED JAN 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 907

Registration District No. 128 Primary Registration District No. 2600 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Springfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Handley Memorial		Length of stay in lb 74 yrs.	
d. STREET ADDRESS 406 1/2 W. Walnut		(If outside, give location) 0396 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First SARAH Middle E. Last ADELL			4. DATE OF DEATH Month Jan. Day 3, Year 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Dec. 14, 1881
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	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 Home	11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME John Cameron	
14. MOTHER'S MAIDEN NAME Martha Merlie		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> no	
16. SOCIAL SECURITY NO. none		17. INFORMANT Address Springfield Mo Mrs. Luther Hurd 2339 N. Concord	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) C.V.A. DUE TO (b) H.A.S. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Diabetes mellitus			INTERVAL BETWEEN ONSET TO DEATH 36 yr 10 yr
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 Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____	
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 _____ to Jan. 3, 1957 and last saw her him alive on _____ Death occurred at 9:15 P. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Carlo Russell M.D. (Degree or title)		22b. ADDRESS 503 S. Glenwood Springfield Mo	
22c. DATE SIGNED 1-7-57		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Jan. 5, 1957		23c. NAME OF CEMETERY OR CREMATORY Greenlawn	
23d. LOCATION (City, town, or county) Springfield, Mo.		(State)	
24. FUNERAL DIRECTOR Ralph Thieme ADDRESS Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 1-7-57	
26. REGISTRAR'S SIGNATURE Carlo Russell			

(Licensed Embolmer's Statement on Reverse Side)

JAN 8 1917

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 *Lee Mason*.....

Licensed Embalmer No. 456

P. O. Address Springfield

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.