

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

52326

STATE FILE NUMBER

FILED FEB 19 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 70

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY <u>Jasper</u> | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u> | | a. STATE <u>Missouri</u> | | b. COUNTY <u>Jasper</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. John's Hospital</u> | | Length of stay in 1b <u>1 day</u> | | c. CITY OR TOWN <u>Rural - Joplin Township</u> | | Inside limits <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. STREET ADDRESS <u>Rt. 1, Joplin</u> | | | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) <u>FLORENCE BELLE</u> ^{First} <u>RUSSOW</u> ^{Last} | | | | 4. DATE OF DEATH <u>Feb. 3 1957</u> ^{Month} ^{Day} ^{Year} | | | |
| 5. SEX <u>female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>Oct. 22, 1895</u> | |
| | | WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 9. AGE (In years last birthday) <u>61</u> | | IF UNDER 1 YEAR IF UNDER 24 HRS. | |
| 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 <u>own home</u> | | 11. BIRTHPLACE (City and state or country) <u>HIWASSE, ARK.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>UNK</u> | | | | 14. MOTHER'S MAIDEN NAME <u>UNK</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT <u>GEORGE RUSOW, RT. 1, JOPLIN, Mo.</u> ^{Address} | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> <u>Metastatic</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>do not know</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | | 19. WAS AUTOPSY PERFORMED? <u>NO</u> 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 <u>2:56</u> Month <u>Feb</u> Day <u>3</u> Year <u>1957</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 <u>Joplin</u> | | COUNTY <u>Jasper</u> STATE <u>Mo.</u> | |
| 21. I attended the deceased from <u>Feb 3-57</u> to <u>Feb 3-57</u> and last saw her alive on <u>Feb 3-57</u> . Death occurred at <u>Joplin, Mo.</u> ^{Address} <u>St. John's Hospital</u> , the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>Clayton W. Joplin</u> (Degree or title) | | | | 22b. ADDRESS <u>Joplin Mo</u> | | 22c. DATE SIGNED <u>2-8-57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 23b. DATE <u>Feb. 3, 1957</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>BETHEL CEMETERY</u> | | 23d. LOCATION (City, town, or county) (State) <u>Gravette, Arkansas</u> | |
| 24. FUNERAL DIRECTOR <u>Steve Parker Mortuary - Joplin, Mo.</u> | | ADDRESS | | 25. DATE RECD. BY LOCAL REG. <u>Feb. 11-1957</u> | | 26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u> | |

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare Public Service
 300 1-56
 Doctor, coroner, etc., must use only standard nomenclature in item 18. 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

County Health Office
County File Number 57-2-134
Date Filed FEB 18 1961

YS MAR 31 1961

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 *F. M. Jones*
Licensed Embalmer No. 23

P. O. Address *Joplin*

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.