FILED APR 4 - 1957
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 7805

REG. NO. 13931 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 260

1. PLACE OF DEATH
a. COUNTY BUTLER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V. A. HOSPITAL — Length of stay in 1b: 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ARKANSAS b. COUNTY SHARP
c. CITY OR TOWN HARDY 80308 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) GENERAL DELIVERY — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First IVAN Middle HUGH Last RUSSELL
4. DATE OF DEATH Month MARCH Day 23 Year 1957
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH JULY (Day & Year Unknown)
9. AGE (In years last birthday) Unknown-(Wife is 54) — 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) FARMING
10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE
11. BIRTHPLACE (City and state or country) MILAN, INDIANA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME ROBERT RUSSELL
14. MOTHER'S MAIDEN NAME SALLY VINSON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CEREBRAL VASCULAR ACCIDENT WITH RIGHT HEMIPLEGIA.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
PULMONARY TUBERCULOSIS, BILATERAL, ACTIVE. 331XA
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 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 VA attended the deceased from March 20, 1957, to March 23, 1957. Death occurred at 11:32 AM m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE E. D. Baskett (Degree of Med.) E. D. BASKETT, M.D., Chief, Medical Svc.
22b. ADDRESS VAH., Poplar Bluff, Missouri
22c. DATE SIGNED 3/25/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE March 26, 1957
23c. NAME OF CEMETERY OR CREMATORY Hardy Cemetery
23d. LOCATION (City, town, or county) (State) Hardy Ark.
24. FUNERAL DIRECTOR Higginbotham Funeral Ser. ADDRESS Hardy, Ark.
25. DATE RECD. BY LOCAL REG. 3/29/57
26. REGISTRAR'S SIGNATURE D. R. Minetree

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED
APR 1 1957
BUTLER CO. HEALTH CENTER
FILE No._____

STATEMENT BY LICENSED EMBALMER

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

by me, or by John W. Best, Student Embalmer No.

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed J W Best

Licensed Embalmer No. 36

P. O. Address Hardy

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.