

Health, Welfare & Public Service
 300
 -56
 All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

8875
 STATE FILE NUMBER
 1305

FILED APR 10 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1305

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>LINN</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>LA CYPRE</u> <u>8-15-08</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>V.A. HOSPITAL</u>			Length of stay in lb <u>13 days</u>		d. STREET ADDRESS (If outside, give location)		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>WILLIS</u> Middle <u>RUSSELL</u> Last <u>RUSSELL</u>				4. DATE OF DEATH <u>3rd 18th 1957</u> Month <u>3rd</u> Day <u>18th</u> Year <u>1957</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>12-29-99</u> <u>57 yrs</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>3</u> Days <u>18</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (City and state or country) <u>Linn County, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13. FATHER'S NAME <u>Sam Russell</u>				14. MOTHER'S MAIDEN NAME <u>Hattie Schubert</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWII</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>V.A. Hospital, Records</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>Myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ASHD</u> DUE TO (c) <u>Coronary sclerosis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</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>0</u> YES <input type="checkbox"/> NO <input 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>6:45 a.m.</u> Month <u>3</u> Day <u>18</u> Year <u>1957</u> 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. Attended the deceased from <u>March 4, 1957</u> to <u>March 18, 1957</u> Death occurred at <u>6:45 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Guido Podrecca MD</u>				22b. ADDRESS <u>V.A. Hospital, Kansas City, Mo</u>			22c. DATE SIGNED <u>3/18/57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>MARCH 20, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>LA CYPRE</u>		23d. LOCATION (City, town, or county) (State) <u>KANSAS</u>			
24. FUNERAL DIRECTOR <u>D.W. NEWCOMER & SONS</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY MO.</u>				25. DATE RECD. BY LOCAL REG. <u>3-20-57</u>		26. REGISTRAR'S SIGNATURE <u>New Minshall</u>			

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 embalmed
by me, or by Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Richard L. Rogers*

Licensed Embalmer No. *493*

P. O. Address *F. L. M.*

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.