

FILED MAY 3 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12659

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin										
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kennett		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>								
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hosp.			Length of stay in 15 27 years		d. STREET ADDRESS (If outside, give location) 305 College St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) Russell Theodore Fyock				4. DATE OF DEATH Month 4 Day 19 Year 1957										
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 15, 1880	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 0 Days 5 Hours 5 Min. 5	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) A accountant		100. KIND OF BUSINESS OR INDUSTRY Retired.		11. BIRTHPLACE (City and state or country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Unknown						14. MOTHER'S MAIDEN NAME Unknown								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.				16. SOCIAL SECURITY NO. 493-05-5089a		17. INFORMANT P.W. Estes (Mrs) Kenner, Louisiana Address								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] <i>H</i>												INTERVAL BETWEEN ONSET AND DEATH 1 Day		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage														
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) _____												19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		
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.) 331X											
20c. TIME OF INJURY Hour _____ 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 4-18-57 to 4-19-57 and last saw her ^{her} _{him} alive on 4-19-57 Death occurred at 8:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.														
22a. SIGNATURE (Degree or title) Paul Baldwin M.D.						22b. ADDRESS Kennett Mo			22c. DATE SIGNED 4-20-57					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-21-57		23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetary			23d. LOCATION (City, town, or county) (State) Kennett, Missouri							
24. FUNERAL DIRECTOR Paul Salmon				ADDRESS 212 College St.		25. DATE RECD. BY LOCAL REG. 4-23-1957		26. REGISTRAR'S SIGNATURE Paul Salmon						

(Licensed Embalmer's Statement on Reverse Side)

Health,
& Welfare
Public
ServiceS. 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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

90-c

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT..... 4-29-
COUNTY FILE NUMBER 457-12

MAY 14 1957

STATEMENT BY LICENSED EMBALMER .

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J.P. Salmer*.....

Licensed Embalmer No. 2556

P. O. Address *Kennett*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.