

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

FILED MAY 21 1957

THE DEPARTMENT OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 017 674  
STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mineral Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Webb City</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Elmhurst Home</b>		Length of stay in lb <b>3 weeks</b>	d. STREET ADDRESS <b>831 N. Oak St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Russell</b>			4. DATE OF DEATH <b>May 16, 1957</b>		
5. SEX <b>Male</b>			6. COLOR OR RACE <b>White</b>		
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <b>WIDOWED</b> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH <b>10-12-1896</b>		
9. AGE (In years last birthday) <b>60</b>			IF UNDER 1 YEAR Months <b>7</b> Days <b>4</b>		IF UNDER 24 HRS. Hours <b>4</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sugar Mill Employee</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Sugar</b>		11. BIRTHPLACE (City and state or country) <b>Diamond, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13. FATHER'S NAME <b>Claude Miller</b>		
14. MOTHER'S MAIDEN NAME <b>Nora Marshall</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>		
16. SOCIAL SECURITY NO. <b>528-03-4349</b>			17. INFORMANT <b>Hazel Tuggle</b> <b>831 N. Oak St. Webb City, Mo.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b> <b>Myocarditis</b> <b>Arteriosclerosis</b> 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) <b>4221</b>					INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs.</b> <b>5 yrs.</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>			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 <b>March 57</b> to <b>May 16/57</b> and last saw <b>him</b> alive on <b>5/16/57</b> Death occurred at <b>8:35 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M.D.</b>			22b. ADDRESS <b>Webb City, Mo.</b>		22c. DATE SIGNED <b>5-17-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>5-20-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Rocky Ford Colo.</b>	
23d. LOCATION (City, town, or county) <b>Rocky Ford, Colo.</b>		23e. (State)		24. FUNERAL DIRECTOR <b>Johnston-Abnce-Simpson Mortuary</b> <b>Webb City, Missouri</b>	
25. DATE RECD. BY LOCAL REG. <b>5-17-57</b>		26. REGISTRAR'S SIGNATURE <b>Ms. Madeline Switzer</b>			

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED MAY 20 1957  
Jasper County Health Office

County File Number

57-5-414

Date Filed MAY 20 1957

MAY 23 1957

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 James E. Crane  
Licensed Embalmer No. 446  
P. O. Address Wet. City

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