

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27976

STATE FILE NUMBER

FILED SEP 3 1957

Registration District No. 120 Primary Registration District No. 4198 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> COUNTY <b>Gentry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>King City, Mo.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>King City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>West Edge of King City, 6 wks</b> Length of stay in lb		d. STREET ADDRESS <b>Edge Of King City</b> (If outside, give location) <sup>0380</sup> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>Mrs. Elizabeth B. Russell</b> First Middle Last			4. DATE OF DEATH <b>Aug. 24, 1957</b> Month Day Year		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 31 1897</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of last year, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at Home</b>		11. BIRTHPLACE (City and state or country) <b>Gentry Co. Mo.</b>	
13. FATHER'S NAME <b>Jess B. Mann</b>			14. MOTHER'S MAIDEN NAME <b>Jennie Sherry</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>487 - 44 - 8237</b>		17. INFORMANT <b>Mr. John Russell, Kansas City, Kansas</b> 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) <b>Multiple Myeloma</b>		INTERVAL BETWEEN ONSET AND DEATH
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"/> <sup>2</sup>

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.) <b>203X</b>	
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>June 1955</b> to <b>Aug 24 1957</b> and last saw her alive on <b>Aug 24 1957</b> Death occurred at <b>10:00 a. m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <b>D C Blacklock M.D.</b>	22b. ADDRESS <b>King City, Mo</b>	22c. DATE SIGNED <b>8/24/57</b>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>8/26/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>High Ridge</b>	23d. LOCATION (City, town, or county) (State) <b>Stanberry, Gentry Mo.</b>
24. FUNERAL DIRECTOR <b>Phillips Mortuary</b> ADDRESS <b>Stanberry, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>8-26-'57</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. R. W. Bare</b>

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

Licensed Embalmer No. 18

P. O. Address. *St. Louis*

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.