FILED DEC 5 - 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39397

STATE FILE NUMBER

XC-54 76 42
REG.# 15265

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 24

Dept. Health, Ed., & Welfare U.S.-Public Health Service

V. S. 300
Rev. 1-57

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): POPLAR BLUFF — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): VETERANS ADM. HOSPITAL — Length of stay in 1b: 41 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: OREGON
c. CITY OR TOWN: KOSHKONONG — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): ROUTE ONE — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First WILLIAM Middle E. Last RUSSELL

4. DATE OF DEATH: Month NOVEMBER Day 24 Year 1957

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 2/28/95
9. AGE (In years last birthday): 62 — 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): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE
11. BIRTHPLACE (City and state or country): SYCAMORE, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: CHARLES RUSSELL
13b. MOTHER'S MAIDEN NAME: LOU CROPPER
14. NAME OF ~~HUSBAND OR~~ WIFE: CLOA E. RUSSELL

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).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): GLIOMA — INTERVAL BETWEEN ONSET AND DEATH: Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. (b): ENCEPHALOMALACIA — Unknown
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): CARDIOVASCULAR DISEASE, CHRONIC. 193X
19. WAS AUTOPSY PERFORMED? Yes YES [X] 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. VA attended the deceased from Oct. 14, 1957, to Nov. 24, 1957
Death occurred at 2:00 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. LESTER HARWELL, M. D.
22b. ADDRESS: VA HOSPITAL, POPLAR BLUFF, MO.
22c. DATE SIGNED: 11/26/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-27-57
23c. NAME OF CEMETERY OR CREMATORY: Jolitt Cem.
23d. LOCATION (City, town, or county) (State): Rover, Mo.

24. FUNERAL DIRECTOR ADDRESS: Frank-Cotrell Poplar Bluff, Mo.
25. DATE RECD. BY LOCAL REG.: 11/29/57
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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RECEIVED
DEC 2 1957
BUTLER CO. HEALTH CENTER
FILE No.

DEC 6 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 Frank M. Hill

Licensed Embalmer No. 5006

P. O. Address Poplar Bluff

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.