

FILED JAN 22 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **695**

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **8**

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Cooper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper | |
| b. CITY (If outside corporate limits, write RURAL and give town) Boonville | c. LENGTH OF STAY (In this place) 2 mons. | c. CITY OR TOWN Boonville | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Messinger Rest Home | | STREET ADDRESS (If rural, give location) 328 6th St. | |

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|--|---------------------------|---|--|--------------------------------------|--|--|--|--|---|--|--|
| 3. NAME OF DECEASED a. (First) Emily (Type or Print) | | | b. (Middle) Wadlow | | | c. (Last) Russell | | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 14, 1958 | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH May 29, 1867 | | 9. AGE (In years last birthday) 90 | | IF UNDER 1 YEAR Months 0 Days 0 | | IF UNDER 24 HRS. Hours 0 Min. 0 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Librarian | | | 10b. KIND OF BUSINESS OR INDUSTRY Library | | | 11. BIRTHPLACE (City and State or Foreign Country) Reynolds County, Mo. | | | 12. CITIZEN OF WHAT COUNTRY? U.S. | | |

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|--|--|--|--|--|--|
| 13a. FATHER'S NAME John W. Wadlow | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE George A. Russell | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. 486-36-1678 | | 17. INFORMANT'S SIGNATURE OR NAME Mac J. Koontz ADDRESS Boonville, Mo. | |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis | | INTERVAL BETWEEN ONSET AND DEATH 1 year |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis | | |
| | DUE TO (c) Arthritis | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|---|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION none | | 20. AUTOPSY? 1 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4221 | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from **Dec 1957**, to **Jan 14, 1958**, that I last saw the deceased alive on **Jan 13, 1958**, and that death occurred at **2:30 A.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE T. C. Beckett (Degree or title) MD | | 23b. ADDRESS Boonville Mo | | 23c. DATE SIGNED Jan 14, 1958 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 1/16/58 | | 24c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cem. | |
| | | | | 24d. LOCATION (City, town, or county) (State) Boonville, Mo. | |

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|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. 1/14/58 | | REGISTRAR'S SIGNATURE D. Cooper | | 25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Boller ADDRESS Boonville, Mo | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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... *William W. Wood*

Licensed Embalmer No. *453*

P. O. Address *Bronville*

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.