

All diseases in Part I must be causally related.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED JAN 13 1958

STATE FILE NUMBER **978**

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Dallas</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SPRINGFIELD</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Buffalo</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>SPRINGFIELD BAPTIST HOSPITAL</b>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>300 S. ...</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>MINNIE M RUSSELL</b>				4. DATE OF DEATH Month <b>1</b> Day <b>3</b> Year <b>1958</b>				
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>1-20-1884</b>		9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housekeeper</b>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Buffalo Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Callaway, Murr</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah W. Pfeister</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service)			16. SOCIAL SECURITY NO. <b>?</b>	17. INFORMANT Address <b>Mrs Floyd Reser Buffalo 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>Right middle cerebral artery thrombosis with left hemiplegia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>13 days</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>332X</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 _____ a.m. _____ p.m.			20d. INJURY OCCURRED WHILE AT <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>Sept 6, 1957</b> to <b>30 Jan '58</b> and last saw her alive on <b>30 Jan 1958</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			22a. SIGNATURE <b>Francis M. Maffei MD</b> (Type or title)				22b. ADDRESS <b>Springfield Mo.</b>	22c. DATE SIGNED <b>Jan 58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)		
<b>Burial</b>	<b>1-5-1958</b>	<b>Oak Lawn</b>		<b>Buffalo</b>		<b>Mo</b>		
24. FUNERAL DIRECTOR <b>R B Jones</b> ADDRESS <b>Buffalo Mo</b>			25. DATE RECD. BY LOCAL REG. <b>1-8-58</b>		26. REGISTRAR'S SIGNATURE <b>Walter Williams</b>			

(Licensed Embalmer's Statement on Reverse Side)

FEB 13 1958

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 *Leonard Bone* .....

Licensed Embalmer No. *2505* .....

P. O. Address *Buffalo* .....

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.