Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 1699

FILED JAN 21 1958

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY: Jasper	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Webb City, Mo. Inside Limits Yes [X] No [ ]	c. CITY OR TOWN: Webb City, Mo. Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Jane Chinn Hosp. Length of stay in 1b: 25 Years	d. STREET ADDRESS (If outside, give location): 102 S. Tom St. Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Harley Middle: E. Last: Russell		4. DATE OF DEATH Month Day Year: Jan. 11 1958	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: Feb. 3, 1903
9. AGE (In years last birthday): 54	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): Owned and operated	10b. KIND OF BUSINESS OR INDUSTRY: Russels Cafe	11. BIRTHPLACE (City and state or country): Neosho, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Reuben T. Russell	13b. MOTHER'S MAIDEN NAME: Leafie A. Tennis	14. NAME OF HUSBAND OR WIFE: Ann Russell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no	16. SOCIAL SECURITY NO.	17. INFORMANT: Mrs. Ann Russell Address: Webb City Mo	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Toxic Myocardosis	3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Massive Edema of Abdomen & Limbs	1½ years
DUE TO (c)	Cirrhosis Of the Liver	6 years.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 5810

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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. I attended the deceased from 1943, to to 1958 and last saw ~~her~~ him alive on JAN, 11, 1958

Death occurred at 7:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. H. Bkerr, DO	22b. ADDRESS: 530½ Main Joplin, Mo	22c. DATE SIGNED: 1-13-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Jan. 14 1958	23c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery	23d. LOCATION (City, town, or county) (State): Webb City, Mo.
24. FUNERAL DIRECTOR ADDRESS: Johnston-Arnce-Simpson Mortuary Webb City, Mo		25. DATE RECD. BY LOCAL REG.: 1-14-58	26. REGISTRAR'S SIGNATURE: Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be tested. All diseases in Part I must be causally related.

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 Harvey E. Arnu

Licensed Embalmer No. 4463

P. O. Address Webb City, M

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.