

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006947  
State File No. ....

FILED FEB 26 1958

BIRTH NO. _____		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6075</u>		Registrar's No. <u>72</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Farmington, Mo. - Rural</u> )		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>Farmington, Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Thomas Dell Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>0940</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Floyd</u>		b. (Middle) <u>Douglas</u>		c. (Last) <u>Russell</u>		4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>18</u> (Year) <u>1958</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar. 18, 1892</u>	
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>0</u>		IF UNDER 2 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Near Percy Des Moines Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Russell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Gray</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Luella Russell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>World War I</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Floyd D. Russell</u> ADDRESS <u>Farmington, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		18. CAUSE OF DEATH (Medical Certification)				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease.</u>				<u>Unknown</u>	
		ANTECEDENT CAUSES					
		DUE TO (b) <u>Generalized arteriosclerosis, severe.</u>				<u>Unknown</u>	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>2</u> 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) <u>4200</u> (COUNTY) _____ (STATE) _____			
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 <u>1/20</u> , 19 <u>58</u> , to <u>2/6</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>2/6</u> , 19 <u>58</u> , and that death occurred at <u>1:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Jack W. Walker M.D.</u> (Degree or title) _____				23b. ADDRESS <u>Bonne Terre, Mo.</u>		23c. DATE SIGNED <u>2-21-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 21, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Three Rivers</u>		24d. LOCATION (City, town, or county) (State) <u>Near Farmington Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 21, 1958</u>		REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. H. Cozear</u> ADDRESS <u>Farmington, Mo.</u>			

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

MAY 1 1958

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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.....

*A Cozeman*

Licensed Embalmer No. 408

P. O. Address Farmington

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.