

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046945  
STATE FILE NUMBER

FILED DEC 29 1958

Registration District No. 347 Primary Registration District No. 6171 Registrar's No. 69

S. 300  
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Stone</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stone</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ponce de Leon Twsp</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Highlandville</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence</b>		Length of stay in lb <b>74 years</b>	d. STREET ADDRESS (If outside, give location) <b>2 miles NW</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>THOMAS</b> Middle <b>BERT</b> Last <b>RUSSELL</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>29</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 14, 1872</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Shelbyville, Tenn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>Chas. Russell</b>		13b. MOTHER'S MAIDEN NAME <b>Jane Ghant</b>		14. NAME OF HUSBAND OR WIFE <b>Etta Lee Glossip</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Mrs. Merle Kaster, Springfield, Mo.</b> Address <b>2261 N. Campbell</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>Medullary Failure</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Toxemia</b>					<b>2 weeks</b>
DUE TO (c) <b>Hypostatic pneumonia</b>					<b>2 weeks</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Cerebral Thrombosis</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Month, Day, Year 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>11/1/58</b> to <b>11/29/58</b> and last saw <sup>her</sup> him alive on <b>11/24/58</b> Death occurred at <b>9:40</b> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Harold Shaffer</b> (Name or title)			22b. ADDRESS <b>Nixa, Missouri</b>		22c. DATE SIGNED <b>12/3/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12/2/1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ponce de Leon Cemetery Ponce de Leon, Missouri</b>		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <b>Jean Harris</b>		ADDRESS <b>Clever, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Dec. 6-58</b>	
26. REGISTRAR'S SIGNATURE <b>Miss G. Elmer Rossman</b> <i>Purdina Murray</i>					

(Licensed Embalmer's Statement on Reverse Side)

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 *Jean Harris* .....

Licensed Embalmer No. *4390* .....

P. O. Address *Cleveland, Mo* .....

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.