

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001735
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 69

FILED FEB 11 1959

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY OR TOWN <u>JOPLIN</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>JOPLIN</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. JOHN'S HOSP</u>	Length of stay in lb <u>77 YR.</u>	d. STREET ADDRESS (If outside, give location) <u>30 1/2 MAIN</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>JOHN LEONARD RUSSELL</u>			4. DATE OF DEATH Month Day Year <u>JAN 24 1959</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB 18, 1881</u>		9. AGE (In years last birthday) <u>77</u> 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) <u>MINER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>LEAD & ZINC</u>	11. BIRTHPLACE (City and state or country) <u>JOPLIN, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>ROBERT RUSSELL</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH HALE</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>49-01-5012</u>	17. INFORMANT Address <u>MRS. LULA JOHNSON, JOPLIN, MO.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>terminal pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cor Pulmonale & Irreversible Failure</u>	<u>yes</u>
	DUE TO (c) <u>Pulmonary Fibrosis & Emphysema</u>	<u>yes</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>525X</u>		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 WORK <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 <u>1-2-59</u> to <u>1-24-59</u> and last saw him alive on <u>1-24-59</u> Death occurred at <u>12:00 Noon</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>V. J. Schuchert MD</u>	22b. ADDRESS <u>Joplin Mo</u>	22c. DATE SIGNED <u>2-2-59</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL JAN 27 1959</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATOR <u>FOREST PARK</u>	23d. LOCATION (City, town, or county) (State) <u>JOPLIN MO</u>
24. FUNERAL DIRECTOR <u>Hurlbut Glover, Joplin</u>	25. DATE RECD. BY LOCAL REG. <u>2-6-1959</u>	26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 Dale Gleson

Licensed Embalmer No. 4593

P. O. Address. Joplin, 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.