

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002281
STATE FILE NUMBER

FILED JAN 19 1959

Registration District No. 251

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway			
b. CITY (If outside corporate limits, give TOWNSHIP only) Skidmore			Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Skidmore		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Family home			Length of stay in lb 46 years	d. STREET ADDRESS (If outside, give location) 7 miles southeast		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First LEONA Middle REESE Last RUSSNOGLE				4. DATE OF DEATH Month 1 Day 13 Year 59			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 6/20/77	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and state or country) Nodaway County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Reese		13b. MOTHER'S MAIDEN NAME Charlotte Gordon		14. NAME OF HUSBAND OR WIFE Charles Russnogle			
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. none		17. INFORMANT Address Charles Russnogle, Skidmore, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary atherosclerosis						INTERVAL BETWEEN ONSET AND DEATH ?	
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) Smoking						19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	
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.		20d. INJURY OCCURRED WHILE AT ☐ 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 May 1957 to 1/13/59 and last saw her alive on Jan. 12, 1959 . Death occurred at 12:55 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deceased or title) M. D.		22b. ADDRESS Maryville, Missouri		22c. DATE SIGNED 1/13/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 1/15/59		23c. NAME OF CEMETERY OR CREMATORY Graham		23d. LOCATION (City, town, or county) (State) Graham, Missouri	
24. FUNERAL DIRECTOR ADDRESS Price Funeral Home, Maryville, Mo.		25. DATE RECD. BY LOCAL REG. 1-13-59		26. REGISTRAR'S SIGNATURE Bess / 1667			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Curtis E. Ramsey*

Licensed Embalmer No. *4936*

P. O. Address *Maryville*

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.