

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009157
STATE FILE NUMBER

FILED MAR 23 1959

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 34

300
-57

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Bethany</u> <u>0411</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>Reid Hosp.</u>		Length of stay in lb <u>6 hrs.</u>	d. STREET ADDRESS (If outside, give location) <u>none</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>John William</u> Middle <u>Russell</u> Last <u></u>			4. DATE OF DEATH Month <u>March</u> Day <u>15</u> Year <u>1959</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1-7-1371</u>
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Harrison County, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James W. Russell</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Ann Cain</u>
14. NAME OF HUSBAND OR WIFE <u>Emma</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <u>no</u> (unknown)) (If yes, give year or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>
17. INFORMANT <u>Archie Russell</u>		Address <u>Bethany, Mo.</u>	
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>Pulmonary Edema</u> DUE TO (b) <u>Congestive Heart Failure</u> DUE TO (c) <u>Hypertensive Heart Disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>---</u>			INTERVAL BETWEEN ONSET AND DEATH <u>18 hours</u> <u>5 days</u> <u>Unknown</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>		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.) <u>---</u>		20c. TIME OF INJURY Hour <u>---</u> Month <u>---</u> Day <u>---</u> Year <u>---</u> a.m. <u>---</u> p.m. <u>---</u>	
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.) <u>---</u>	
20f. CITY, TOWN, OR LOCATION <u>Bethany</u>		COUNTY <u>Missouri</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>3/15/59</u> to <u>3/15/59</u> and last saw <u>him</u> alive on <u>3/15/59</u> Death occurred at <u>7:20 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Elmer Claitor</u> (Degree or title) <u>D.O.</u>		22b. ADDRESS <u>Bethany, Missouri</u>	
22c. DATE SIGNED <u>3/16/59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
23b. DATE <u>3/17/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Allen Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Ridgevay, Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>M B Haas</u> ADDRESS <u>Bethany Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-17-1959</u>	
26. REGISTRAR'S SIGNATURE <u>Gella Mayer</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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

(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 *Mr Haas*

Licensed Embalmer No. *3899*
P. O. Address *Bethany 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.