

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018142  
STATE FILE NUMBER

FILED JUN 10 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 286

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		c. CITY OR TOWN Joplin	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.		Length of stay in lb 15 Years	
d. STREET ADDRESS 809 Roosevelt		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Claude Thomas Russell			4. DATE OF DEATH Month Day Year June 4 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 2 1884	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill Superintendent	10b. KIND OF BUSINESS OR INDUSTRY Zinc & Lead	11. BIRTHPLACE (City and state or country) Chanute, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas Russell	13b. MOTHER'S MAIDEN NAME Mollie -----	14. NAME OF HUSBAND OR WIFE Cora (Deceased)
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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. 441-05-5509	17. INFORMANT Address Rolland Russell Galena, Kansas
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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) <i>Posterior Myocardial infarction</i>		INTERVAL BETWEEN ONSET AND DEATH. <i>5 days</i>
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)		19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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.)
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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
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21. I attended the deceased from <i>MAY 31, 1959</i> to <i>JUNE 4, 1959</i> and last saw him alive on <i>JUNE 4, 1959</i> Death occurred at <i>5:30 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Johnnie Merriam MD</i> (Degree or title)	22b. ADDRESS <i>304 Medical Arts Bldg Joplin, Missouri</i>	22c. DATE SIGNED <i>6-5-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Jun 6 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Forest Park Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Joplin, Missouri</i>
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24. FUNERAL DIRECTOR ADDRESS <i>Hurlbut-Glover Mortuary Joplin</i>	25. DATE RECD. BY LOCAL REG. <i>6-5-1959</i>	26. REGISTRAR'S SIGNATURE <i>Doore Merriam</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Geor* .....

Licensed Embalmer No. *4543* .....

P. O. Address *Joplin* .....

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.