

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020701

STATE FILE NUMBER

FILED JUL 15 1959 Registration District No. 70 Primary Registration District No. Registrar's No. 333

5. 300
1-57

1. PLACE OF DEATH a. COUNTY CLARK			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE IOWA b. COUNTY WAN BUREN		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KAHOKA		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN KEOSAUQUA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb	814 ^d STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED First Middle Last (Type or print) RUSSELL HOWELL M^cINTOSH			4. DATE OF DEATH Month Day Year JUNE 29, 1959		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH unknown	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. unknown	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY BLDG Contractor	11. BIRTHPLACE (City and state or country) BAKERS FIELD, CALIF		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME ADDISON M^cINTOSH		13b. MOTHER'S MAIDEN NAME MARDE BARKER		14. NAME OF HUSBAND OR WIFE HAZEL M^cINTOSH	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or nature of service) No		16. SOCIAL SECURITY NO. #83-26-2084	17. INFORMANT Address Hazel M^cIntosh Keosauqua, IA, IO		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Injury + Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) OVERT DUE TO (c) ↓ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) FOUND DEAD by Truck on Highway 81 - 5 miles apix N-Kahoka Mo					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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.) 5 miles N KAHOKA Highway 81			
20c. TIME OF INJURY Hour Month, Day, Year -1- a.m. 6-29-59 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.) Highway		20f. CITY, TOWN, OR LOCATION 5 miles N KAHOKA Highway 81		COUNTY CLARK	STATE MO.
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) St. Shannon D. Brewer			22b. ADDRESS Kahoka Mo		22c. DATE SIGNED 7-10-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE July 2, 1959	23c. NAME OF CEMETERY OR CREMATORY WILBER'S Chapel EM		23d. LOCATION (City, town, or county) (State) KEOSAUQUA RR IO	
24. FUNERAL DIRECTOR Harold Catlett		ADDRESS KEOSAUQUA, IO	25. DATE RECD. BY LOCAL REG. 7/10-59	26. REGISTRAR'S SIGNATURE J. B. Bridgman	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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

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② postmortem diagnosis

- ① - Fracture of middle + posterior base of skull
- ② - Subdural + Subarachnoid Cerebral Hemorrhage
- ③ - Basilar Brain + spinal Cord Hemorrhage.
- ④ - Cerebellar Contusion Hemorrhage.
- ⑤ - Traumatic laceration spleen - small.
- ⑥ - Traumatic laceration left kidney - small

JUL 15 1958

2 24 57

Clinical diagnosis. Found dead, by side of truck approx 5 miles north of Kahoka Mo on Highway # 81

pathologist - D.O. HOLMAN, M.D. physician Clinical Laboratories, OTTAWA

ATTENDING - K. FURUMOTO, M.D.

Secretarial notes by - Mrs Edith Allenbor.

- LAND MARKS
- ① Contusions + abrasions head, face + forearms.
 - ② old amputation three toes left foot
 - ③ Large scalp hemorrhage.

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 Harold W. Catlett Student Embalmer No.

working under my personal supervision.

Student Signature of Student Embalmer

Signed Harold W. Catlett

Licensed Embalmer No. 3539

P. O. Address KEOSAUQUA, I

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.