

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021680

FILED JUN 24 1959

Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER Registrar's No. 2850

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWNSHIP <b>KANSAS CITY</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>TRINITY LUTHERAN</b>		Length of stay in 1b <b>51 YRS.</b>	d. STREET ADDRESS (If outside, give location) <b>3707 BROOKLYN AVENUE</b>
3. NAME OF DECEASED (Type or print) First <b>MARTHA</b> Middle <b>---</b> Last <b>RUSSING</b>			4. DATE OF DEATH Month <b>JUNE</b> Day <b>10</b> Year <b>1959</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>APRIL 14, 1871</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>88</b>
11a. FATHER'S NAME <b>GEORGE YOUNG</b>		11b. MOTHER'S MAIDEN NAME <b>ELIZABETH PEARSON</b>	11. BIRTHPLACE (City and state or country) <b>BANNITT, MISSOURI</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
17. INFORMANT <b>MISS EDITH RUSSING-KANSAS CITY, MISSOURI</b>		14. NAME OF HUSBAND OR WIFE <b>JOHN H. RUSSING</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congestive Heart Failure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 wks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Cardiac-vascular Disease</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) <b>Malnutrition</b>			
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 _____ a.m. _____ p.m. Month, Day, Year _____			
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 <b>May 4, 1959</b> to <b>June 10, 1959</b> and last saw her alive on <b>June 9, 1959</b> Death occurred at <b>4:45 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Carl H. Reitz M.D.</b> (Degree or title)		22b. ADDRESS <b>404 1/2 W. 75th</b>	22c. DATE SIGNED <b>6-10-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>JUNE 12, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT. OLIVET CEM</b>	23d. LOCATION (City, town, or county) (State) <b>PITTSBURG KANSAS</b>
24. FUNERAL DIRECTOR <b>D. W. NEWCOMER'S SONS-KANSAS CITY, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>6-11-59</b>	26. REGISTRAR'S SIGNATURE <b>Neve Marshall</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Carl H. Reitz

MEDICAL CERTIFICATION

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 *James W. Tolson* .....

Licensed Embalmer No. *4889* .....

P. O. Address *H. C. 74* .....

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.