URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED OCT 13 1959

59-032557
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 4640

NDED

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b: 15 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) # 3319 Flora — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JACK Middle NONE Last RUSSELL
4. DATE OF DEATH Month September Day 22 Year 1959
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 11-19-96
9. AGE (last birthday) 62 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PLASTERER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) PARIS, TEXAS
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME UNKNOWN RUSSELL
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE ROSE RUSSELL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 499-10-1712
17. INFORMANT Official Records VA Hospital, K.C., Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Atelectasis left lung possible secondary to carcinoma
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ 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 VA attended the deceased from Sept 16, 1959, to Sept 22, 1959
Death occurred at 5:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE Richard H. Gier (Degree or title) RICHARD H. GIER, M. D.
22b. ADDRESS VA Hospital K.C., Mo.
22c. DATE SIGNED 9-22-59

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE SEPT 23, 1959
23c. NAME OF CEMETERY OR CREMATORY WHITE CHAPEL GARDENS
23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.

24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS K. C. MO. ADDRESS
25. DATE RECD. BY LOCAL REG. 9-23-59
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Vern Lawler

Signature of Student Embalmer

Licensed Embalmer No. 4915

P. O. Address K C, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.