

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033009

FILED VS SEP 25 1959

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 234

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe	Length of stay in 1b 7 hours	c. CITY OR TOWN RFD Hale,	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chillicothe hospital	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4 1/2 Mile N/W Hale	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Lonnie Michael Russell			4. DATE OF DEATH Month Day Year Sept. 17th, 1959		
5. SEX M	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/30/1943	9. AGE (last birthday) 16	IF UNDER 1 YEAR Months 1 Days 27

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student Hale School	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Cuba, Illinois	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Hubert Russell	13b. MOTHER'S MAIDEN NAME Mina Brown	14. NAME OF HUSBAND OR WIFE none
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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. none.	17. INFORMANT Address Mr Hubert Brown, Hale, Mo. RFD
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cerebral Hemorrhage		10 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Fracture Base of Skull	10 hrs
	DUE TO (c)	

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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) Kicked by knee of fellow student during softball game
20c. TIME OF INJURY Hour 3- mm. 59 p.m. Sept. 16-59		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) School Grounds	20f. CITY, TOWN, OR LOCATION Hale, Carroll Mo.	COUNTY Mo.	STATE
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21. I attended the deceased from **Sept. 16** to **Sept. 17-59** and last saw him alive on **Sept. 17-59**
Death occurred at **7:00 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph A. Conrad M.D.	(Degree or title)	22b. ADDRESS Chillicothe, Mo	22c. DATE SIGNED 9/20/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/19/1959	23c. NAME OF CEMETERY OR CREMATORY Fairland Cemetery	23d. LOCATION (City, town, or county) Avalon, Missouri
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24. FUNERAL DIRECTOR Clifford W. Austin	ADDRESS F-H Hale, Mo.	25. DATE RECD. BY LOCAL REG. 9/20/59	26. REGISTRAR'S SIGNATURE Frances B Neill
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 25 1958

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 Clifford W. Fin

Licensed Embalmer No. #3233

P. O. Address Tina, Missouri.

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.