...URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–035889
STATE FILE NUMBER

FILED VS OCT 19 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1078

...MENDED

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield
Length of stay in 1b: 37 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Greene
c. CITY OR TOWN Springfield
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2424 N. Campbell Ave.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: EDWARD Middle: M. Last: RUSSELL
4. DATE OF DEATH Month, Day, Year: Oct. 10, 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/4/1883
9. AGE (last birthday): 76
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): Ret. Driver
10b. KIND OF BUSINESS OR INDUSTRY: truck driver
11. BIRTHPLACE (City and state or country): Greene County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William Russell
13b. MOTHER'S MAIDEN NAME: Hannah Lindsey
14. NAME OF HUSBAND OR WIFE: Mary Ann Russell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 491-03-5453
17. INFORMANT: Mary Ann Russell, Address: 2424 N. Campbell Springfield, Mo.

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) Cevebral Vascular Acaident
INTERVAL BETWEEN ONSET AND DEATH: 2 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterioscloorosis – Generalized
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. ☐ 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 attended the deceased from Oct 9, 1959, to Oct 10, 1959 and last saw her (him) alive on Oct 10, 1959
Death occurred at 9:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert C. Scanlon M.D.
22b. ADDRESS 1715 Boonville, Springfield, Mo
22c. DATE SIGNED Oct 12, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12 Oct. 1959
23c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
23d. LOCATION (City, town, or county) (State): Greene County, Missouri.

24. FUNERAL DIRECTOR ADDRESS: Ralph Thieme, 1200 Boonville Avenue Springfield, Missouri
25. DATE RECD. BY LOCAL REG.: 10-15-59
26. REGISTRAR'S SIGNATURE: Effie G. Mellon

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

[illegible] 4 T 4 [illegible] SA

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 _____ Signed Harold Futrell

Signature of Student Embalmer

Licensed Embalmer No. 5079

P. O. Address Springfield

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