

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 4 2 4

FILED VS JAN - 4 1959

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1294

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Nodaway									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b Few hrs		c. CITY OR TOWN Graham		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Corliss Middle C. Last Russell				4. DATE OF DEATH Month December Day 23 Year 1959									
5. SEX male		6. COLOR OR RACE cau		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-10-1906		9. AGE (last birthday) 53		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and state or country) Jellmore Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Everett E. Russell				13b. MOTHER'S MAIDEN NAME Gertrude Fee				14. NAME OF HUSBAND OR WIFE Margueriete Watts					
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. Unknown		17. INFORMANT Address Graham Mo. Mrs. Margueriete Russell							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Insufficiency										INTERVAL BETWEEN ONSET AND DEATH 6hr			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease										2yr			
DUE TO (c) Bronchial Asthma													
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					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 August 1958 to Dec. 23, 1959 and last saw him alive on Dec. 23, 1959 Death occurred at 9:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE M.C. Swan D.O.						22b. ADDRESS Marland, Mo			22c. DATE SIGNED 12/24/59				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-26-1959		23c. NAME OF CEMETERY OR CREMATORY Graham Cemetery			23d. LOCATION (City, town, or county) Graham Missouri						
24. REGISTRAR'S SIGNATURE W. H. Hutchinson				25. DATE RECD. BY LOCAL REG. Dec. 28, 1959		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell							

DOCUMENT

BY AFFIDAVIT OF **Mc.Derr J. 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 G. M. Alchis

Licensed Embalmer No. 3276

P. O. Address Maryville

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.