

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 044886
STATE FILE NUMBER

FILED VS. JAN - 4 1960 251

Primary Registration District No. 3048 Registrar's No. 293

ENDED

1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville		Length of stay in 1b 4 weeks		c. CITY OR TOWN Burlington Jct.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) none		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First ALVIRA Middle MAY Last RUSSELL				4. DATE OF DEATH Month 12 Day 24 Year 59									
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4/18/77		9. AGE (last birthday) 82		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) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own home			11. BIRTHPLACE (City and state or country) Nodaway Co., Mo.			12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME Columbus Linville				13b. MOTHER'S MAIDEN NAME Lizzie Clark				14. NAME OF HUSBAND OR WIFE James Thomas Russell, dec.					
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. 495-26-0937		17. INFORMANT Address Mrs. Sylvia Jones, Burlington Jct. Mo.								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of colon with metastasis										INTERVAL BETWEEN ONSET AND DEATH 12 hrs			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Senility & herniated stomach into chest													
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 checked="" 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 1957 to 12/24/59 and last saw her <input checked="" type="checkbox"/> alive on 12/24/59 Death occurred at 10:10 A. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) H.C. Bauman M. D.						22b. ADDRESS Maryville, Missouri			22c. DATE SIGNED 12/24/59				
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 12/26/59		23c. NAME OF CEMETERY OR CREMATORY Masonic			23d. LOCATION (City, town, or county) (State) Skidmore, Missouri						
24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo.					ADDRESS		25. DATE RECD. BY LOCAL REG. 12-24-59		26. REGISTRAR'S SIGNATURE Bess Holt				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Curtis E. Kinsley

Licensed Embalmer No. 4836

P. O. Address Marysville

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.