

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. JAN 19 1960

149

Registration District No. 1002 Registrar's No.

6230

STATE FILE NUMBER 59-046846

ENDED

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (where deceased lived, if institution; Residence before migration) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Jackson City Mo</i>		Length of stay in 1b <i>15 yrs</i>	
c. FULL NAME OF (If NOT in hospital, give location) <i>General Hosp, #</i>		d. STREET ADDRESS (If outside, give location) <i>1344 East 9th</i>	
3. NAME OF DECEASED (Type or print) First <i>Len</i> Middle <i>-</i> Last <i>Russell</i>		4. DATE OF DEATH Month <i>12</i> Day <i>27</i> Year <i>59</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>4-17-12</i>
9. AGE (last birthday) <i>47</i>		IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min.	IF UNDER 24 HR Hours <i>0</i> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Self</i>	
11. BIRTHPLACE (City and state or country) <i>Cape Fair, Missouri</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Samuel Russell</i>		13b. MOTHER'S MAIDEN NAME <i>Mary M. Haynes</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <i>No.</i>		16. SOCIAL SECURITY NO. <i>560-09-8790</i>	
17. INFORMANT <i>Mr. Herman St. Russell</i>		Address <i>3026 Ruby St. C.K.</i>	
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Traumatic ruptured diaphragm with incarcerated perforated large bowel.</i> 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			INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs ago</i>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <i>12-22-1959</i>	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 <i>12-27-59</i>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <i>12-22-1959</i> to <i>12-27-1959</i> and last saw him alive on <i>12-27-1959</i> Death occurred at <i>9:25 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>A.H. Drueger</i> (Degree or title)		22b. ADDRESS <i>2400 Cherry - City</i>	
22c. DATE SIGNED <i>12/28/59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>12-28-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Cape Fair Cemetery</i>	23d. LOCATION (City, town, or county) <i>Cape Fair, Missouri</i>
24. FUNERAL DIRECTOR <i>Walter Funeral Homes (S) L.C., Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>12-28-59</i>	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>

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 _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed B. E. Weiler

Licensed Embalmer No. 4075

P. O. Address R. O. 8 Mc

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.