

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000638

FILED VS. FEB 15 1960 59

Primary Registration District No. 4097 Registrar's No. 31

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY CASS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CASS									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HARRISONVILLE		Length of stay in 1b		c. CITY OR TOWN HARRISONVILLE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MEMORIAL HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) GRAND RIVER TWP		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First WILLIAM Middle RUSSELL Last RUSSELL				4. DATE OF DEATH Month 2 Day 1 Year 1960									
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-12-1874		9. AGE (last birthday) 83		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) EXECUTIVE				10b. KIND OF BUSINESS OR INDUSTRY INSURANCE		11. BIRTHPLACE (City and state or country) HARRISONVILLE, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME DUNCAN RUSSELL				13b. MOTHER'S MAIDEN NAME ELIZA JANE JACK				14. NAME OF HUSBAND OR WIFE DELLA U. RUSSELL					
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. 495-01-1062		17. INFORMANT Address Mrs DELLA RUSSELL HARRISONVILLE, 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) SARCOMA CALF Rt. Leg. DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 6 Months			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) GENERALIZED ARTERIOSCLEROSIS								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 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> 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 7:30 1956 to Feb. 1, 1960 and last saw him ^{her} live on Feb. 1, 1960 Death occurred at 7 11 m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE O. J. Bargu MD (Degree or title)						22b. ADDRESS HARRISONVILLE, MO			22c. DATE SIGNED 2-3-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2-3-1960		23c. NAME OF CEMETERY OR CREMATORY Orient Cemetery		23d. LOCATION (City, town, or county) (State) HARRISONVILLE, MO.							
24. FUNERAL DIRECTOR ATKINSON-DICKOY Harrisonville, Mo.				25. DATE RECD. BY LOCAL REG. 2-3-1960		26. REGISTRAR'S SIGNATURE Mr. Roy Seiber							

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

DEC 8 1961

1961 8 NOV 27

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 Robert W. Coker's on

Licensed Embalmer No. 4902

P. O. Address Hawthorne, Mo

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.