

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 28 1960

60-001216
STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Grundy	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		c. CITY OR TOWN Trenton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION East Crowder Rest home		d. STREET ADDRESS (If outside, give location) East Crowder Rest home	

3. NAME OF DECEASED (Type or print) First Eugene Middle ONeal Last Russell			4. DATE OF DEATH Month JAN Day 17 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 July 1, 1894	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months _____ Days _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant operator		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Leon, Iowa		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Albert D. Russell			13b. MOTHER'S MAIDEN NAME Sitha Childers			14. NAME OF HUSBAND OR WIFE Mildred Russell	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 496-05-7865		17. INFORMANT Forrest Russell Trenton, MO.	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Larynx			INTERVAL BETWEEN ONSET AND DEATH 2 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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	
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19. WAS AUTOPSY PERFORMED? YES <input 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.)			
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ Month, Day, Year _____	
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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
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21. I attended the deceased from **Jan 1, 60** to **Jan 17, 60** and last saw him alive on **January 15, 60**
Death occurred at **3:00 pm** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. J. Maies (Degree or title)	22b. ADDRESS Trenton MO	22c. DATE SIGNED 1/18/60
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23a. SERIAL, CREMATION, REMOVAL (Specify)	23b. DATE Jan-19-60	23c. NAME OF CEMETERY OR CREMATORY Leon Iowa	23d. LOCATION (City, town, or county) (State) Leon Iowa
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24. FUNERAL DIRECTOR J. Gordon Blackmore - Trenton	25. DATE RECD. BY LOCAL REG. Jan 21-60	26. REGISTRAR'S SIGNATURE Jane Fair
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E. J. MAIES

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

JAN 28 1950

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 Claude H. Campbell

Licensed Embalmer No. 4986

P. O. Address Winton, W.

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