

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 11 1960

60-010010

UNRECORDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 412 STATE FILE NUMBER

| | | | | | |
|--|--|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Nodaway | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Joseph, Mo. | | Length of stay in 1b 1 day | c. CITY OR TOWN Graham | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hosp. | | 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 Everett Middle E. Last Russell | | | 4. DATE OF DEATH Month 3 Day 30 Year 1960 | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 5-9-1882 | 9. AGE (last birthday) 77 | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer | | 10b. KIND OF BUSINESS OR INDUSTRY farming | 11. BIRTHPLACE (City and state or country) Grundy Co., Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 13a. FATHER'S NAME James Russell | | 13b. MOTHER'S MAIDEN NAME Rebecca Shepard | | 14. NAME OF HUSBAND OR WIFE Gertrude 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. unknown | | 17. INFORMANT Address Gordon Russell Garham, 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) Coronary Occlusion | | | | | INTERVAL BETWEEN ONSET AND DEATH 5 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease | | | | | unknown |
| 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 | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" 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 checked="" 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 <u>3-30-60</u> to <u>3-30-60</u> and last saw ^{her} him alive on <u>3-30-60</u> Death occurred at <u>4:40</u> <u>a</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <i>Allen Sherman M.D.</i> | | | 22b. ADDRESS 706 Francis St. Joseph, Mo. | | 22c. DATE SIGNED 3-31-60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3-2-60 | 23c. NAME OF CEMETERY OR CREMATORY Fillmore Cem. | | 23d. LOCATION (City, town, or county) (State) Fillmore, Missouri | |
| 24. FUNERAL DIRECTOR Atchison Funeral Home | | ADDRESS Maryville Missouri | 25. DATE RECD. BY LOCAL REG. April 4, 1960 | 26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Goodell</i> | |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF *A. J. Herman, M.D.* 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 George M. Johnson Jr., Student Embalmer No. 600
working under my personal supervision.

Student George M. Johnson Jr. Signed G M Johnson
Signature of Student Embalmer

Licensed Embalmer No. 2279
P. O. Address Maywood

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.