URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-011748

FILED VS MAR 23 1960

Registration District No. 195 Primary Registration District No. _____ Registrar's No. 31-60

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY McDonald
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Anderson RT3 — Length of stay in 1b: life
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY McDonald
c. CITY OR TOWN Anderson — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) RT 3 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Robert Middle S. Last Russehh

4. DATE OF DEATH Month 3 Day 14 Year 1960

5. SEX M
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9-21-1885
9. AGE (last birthday) 74 — IF UNDER 1 YEAR: Months 5 Days 23 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT
10b. KIND OF BUSINESS OR INDUSTRY Ret
11. BIRTHPLACE (City and state or country) Pinevilhe Mo
12. CITIZEN OF WHAT COUNTRY U.S

13a. FATHER'S NAME James Russehh
13b. MOTHER'S MAIDEN NAME Pohhy Ann Russehh
14. NAME OF HUSBAND OR WIFE Annie Russehh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 492-36-0529
17. INFORMANT Annie Russehh Address Anderson, Mo RT3

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hydrostatic Pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Comatose Condition
DUE TO (c) Lymphatic Leukemia
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Sept. 1959, to March 14, 1960 and last saw him alive on 3-14-60
Death occurred at 5:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. Hiles M.D.
22b. ADDRESS Pineville, Mo
22c. DATE SIGNED 3-16-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-17-1960
23c. NAME OF CEMETERY OR CREMATORY Tracy Cem
23d. LOCATION (City, town, or county) (State) Anderson Mo -R-

24. FUNERAL DIRECTOR Humphrey & Son F. Home M.H. ADDRESS
25. DATE RECD. BY LOCAL REG. 2-17-60
26. REGISTRAR'S SIGNATURE Mary A. Bradley

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

**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_____ Signed F. M. Humphrey Jr.

Signature of Student Embalmer

Licensed Embalmer No. 4708

P. O. Address Noel, Mo.

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