

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

ED VS
RDED

JUL 11 1960

-60-023865
STATE FILE NUMBER

Registration District No. 218 Primary Registration District No. 4330 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY MISSISSIPPI		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY MISSISSIPPI	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN EAST PRAIRIE, MO.		Length of stay in 1b 2WKS.	c. CITY OR TOWN EAST PRAIRIE, MO. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION EAST PRAIRIE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RT. # 1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last BETTY LOU RUSSELL			4. DATE OF DEATH Month Day Year 6-13-60		
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-17-56	9. AGE (last birthday) 3	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) WYATT, MISSOURI	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME JOE J. RUSSELL	13b. MOTHER'S MAIDEN NAME MATTIE SMITH	14. NAME OF HUSBAND OR WIFE
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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.	17. INFORMANT Address JOE J. RUSSELL RT. #1 EAST PRAIRIE
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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) <i>Lobar Pneumonia</i> MISSOURI INTERVAL BETWEEN ONSET AND DEATH 1 wks DUE TO (b) <i>Con. congest. (pulmonary)</i> 6 wks. DUE TO (c) <i>Congenital decomposition last misc def</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Cerebral palsy - Congenital deformities</i>	
PART III. If deceased was female Was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.)
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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 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 <i>birth 12/17/56</i> to <i>6-13-60</i> and last saw her <i>6-13-60</i> alive on <i>6-13-60</i> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>M.P. Gutter DO</i> (Degree or title)	22b. ADDRESS <i>Wyatt Mo.</i>	22c. DATE SIGNED <i>6-15-60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-15-60	23c. NAME OF CEMETERY OR CREMATORY W.C.W. CEMETERY	23d. LOCATION (City, town, or county) EAST PRAIRIE MISSOURI (State)
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24. FUNERAL DIRECTOR ADDRESS SHELBY FUNERAL HOME EAST PRAIRIE, MISSOURI	25. DATE RECD. BY LOCAL REG. <i>June 22, 1960</i>	26. REGISTRAR'S SIGNATURE <i>Gertrude G. Harper</i>
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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 Travis Shelby

Licensed Embalmer No. 41941

P. O. Address East Ma

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.