URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-042430

ILED VS DEC 14 1960

Registration District No. 146 Primary Registration District No. 4237 Registrar's No. 580 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Raytown
Length of stay in 1b 10 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9732 Plymouth Lane
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Raytown
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 9732 Plymouth Lane
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Hazel Middle M Last Russell
4. DATE OF DEATH Month Dec Day 5 Year 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1-4-1927
9. AGE (last birthday) 33
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) Office
10b. KIND OF BUSINESS OR INDUSTRY H.D. Lee Co.
11. BIRTHPLACE (City and state or country) Wakenda, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Ray J. Winfrey
13b. MOTHER'S MAIDEN NAME Gladys Bandel
14. NAME OF HUSBAND OR WIFE George J. Russell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 487-30-2302
17. INFORMANT Geo. J. Russell Address 9732 Plymouth Lane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hodgkins Disease — years
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. ☐ 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 11/5/60, to 12/5/60 and last saw her alive on 12/5/60
Death occurred at 3:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [illegible], D.O. (Degree or Title)
22b. ADDRESS 9140 E. 50 Highway
22c. DATE SIGNED 12/6/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL* (Specify) Burial
23b. DATE Dec. 7, 1960
23c. NAME OF CEMETERY OR CREMATORY Oakland Cem.
23d. LOCATION (City, town, or county) Moberly (State) Mo.
24. FUNERAL DIRECTOR Kepley-Hinton ADDRESS Raytown, Mo.
25. DATE RECD. BY LOCAL REG. 12-7-60
26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

DEC 1 6 1960

VS JUN 2 8 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by n

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John R. Sidu

Licensed Embalmer No. 453

P. O. Address Kansas C

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