

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012734
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 414

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

FILED MAY 1 1961

1. PLACE OF DEATH
a. COUNTY **BUCHANAN**
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **ST. JOSEPH** Length of stay in 1b
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **MISSOURI METHODIST HOSP. ST. JOSEPH** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **MISSOURI** b. COUNTY **BUCHANAN**
c. CITY OR TOWN **ST. JOSEPH** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **1702 SAVANNAH AVE.** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
EFFIE ARVILLA RUSSELL **APRIL 14 1961**

5. SEX **F** 6. COLOR OR RACE **W** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **June 6, 1883** 9. AGE (last birthday) **77** 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) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **At home** 11. BIRTHPLACE (City and state or country) **Frazier, Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **O'Connel Giddens** 13b. MOTHER'S MAIDEN NAME **Catherine Roberts** 14. NAME OF HUSBAND OR WIFE **John 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. **none** 17. INFORMANT Address **Mrs. Marie Luther St. Joseph, 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) **Acute pulmonary embolus**
DUE TO (b) **Arteriosclerotic Heart Disease**
DUE TO (c) _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH **4 days**
U/kn.

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 **4/10/61** to **4/14/61** and last saw ~~him~~ **her** live on **4/13/61**
Death occurred at **7:20 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) *[Signature]* 22b. ADDRESS **Social Welfare Board St. Joseph, Missouri** 22c. DATE SIGNED **4/17/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Apr. 17, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Joseph, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Meierhoffer-Fleeman, Inc., St. Joseph, Mo.** 25. DATE RECD. BY LOCAL REG. **April 21, 1961** 26. REGISTRAR'S SIGNATURE *[Signature]*

MAY 1 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles M. Harmon

Licensed Embalmer No. 4481

P. O. Address Watterson, Ky

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.