

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020250  
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 169

FILED JUL 5 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Adair</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Adair</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirkville</b>		Length of stay in 1b		c. CITY OR TOWN <b>Kirkville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Kirkville Osteopathic Hosp.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>209 E. Scott</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Nellie</b> Middle <b>Caskey</b> Last <b>Russell</b>				4. DATE OF DEATH Month <b>June</b> Day <b>23</b> Year <b>1961</b>				
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>10/19/1883</b>	9. AGE (last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>4</b> Hours <b></b> Min. <b></b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeping</b>		11. BIRTHPLACE (City and state or country) <b>Kirkville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		
13a. FATHER'S NAME <b>Jonas Caskey</b>			13b. MOTHER'S MAIDEN NAME <b>Emily J. Samuel</b>		14. NAME OF HUSBAND OR WIFE <b>Ralph H. Russell</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Mrs. Hugh Sluder, 1409 W. Church, Illinois</b>				
18. CAUSE OF DEATH (Enter only one cause by line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Left Bundle Branch Block</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Sub endocardial injury - Coronary sclerosis</b>						<b>10 days</b>		
DUE TO (c) <b>Paget's Disease</b>						<b>10 years</b>		
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 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.)				
20c. TIME OF INJURY Hour <b></b> a.m. <b></b> p.m. <b></b>		Month, Day, Year <b></b>						
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	
21. I attended the deceased from <b>June 12, 1944</b> to <b>June 23, 1961</b> and last saw <sup>her</sup> <del>him</del> alive on <b>June 23, 1961</b> Death occurred at <b>10107</b> <b>p</b> am on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>Howard E. Gross, M.D.</b> (De signer or title)				22b. ADDRESS <b>Kirkville Mo</b>		22c. DATE SIGNED <b>6-24-61</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>6/25/1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Maple Hills Cemetery</b>		23d. LOCATION (City, town, or county) <b>Kirkville, Mo.</b>		(State)	
24. FUNERAL DIRECTOR ADDRESS <b>Dee Riley Funeral Home Inc., Kirksville, Mo</b> <b>W. K. Jackson, Pres</b>				25. DATE RECD. BY LOCAL REG. <b>June 24, 1961</b>		26. REGISTRAR'S SIGNATURE <b>Doris W. Ratliff</b>		

JUL 11 1961

AUG 7 1961

HOWARD E. GROSS, D.O.

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 Larry Jackson, Student Embalmer No. 618

working under my personal supervision.

Student Larry Jackson  
Signature of Student Embalmer

Signed W.K. Jackson

Licensed Embalmer No. 3954

P. O. Address Kirkville Mo

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.