

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029868

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 411

AMENDED

FILED SEP 11 1961

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| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Crawford | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin | Length of stay in 1b 3 Hours | c. CITY OR TOWN Pittsburg | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA St John's Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET, ADDRESS (If outside, give location) 1112 South Elm Street |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

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| 3. NAME OF DECEASED (Type or print) First Delbert Middle E. Last RUSSELL | | | 4. DATE OF DEATH Month September Day 2 Year 1961 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH May 24, 1893 | 9. AGE (last birthday) 68 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Methodist Minister | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Cherokee County, Kansas | | 12. CITIZEN OF WHAT COUNTRY U.S. |
| 13a. FATHER'S NAME Benjamin Russell | | 13b. MOTHER'S MAIDEN NAME Sally Mc Carty | | 14. NAME OF HUSBAND OR WIFE | |
| 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 Mrs Betty Darrow Hutchinson, Kansas | | |

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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) Presumed to be natural causes | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | |
| | DUE TO (c) | |

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| 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 | |
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| 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.) Fell while dancing at a Club, probable coronary. DOA St. John's Hospital | |
| 20c. TIME OF INJURY 11:30 | Month, Day, Year 9-2-61 | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION Joplin | COUNTY Jasper STATE Mo. |

21. I attended the deceased from **No Doctor in attendance.** and last saw her/him alive on _____
Death occurred at **11:30 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE Dovie Merriam, Local Registrar (Degree or title) | | 22b. ADDRESS 201 Joplin St., Joplin, Mo | 22c. DATE SIGNED 9-6-61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Sept 3, 1961 | 23c. NAME OF CEMETERY OR CREMATORY Brenner Mortuary | |
| 24. FUNERAL DIRECTOR ADDRESS Thornhill-Dillon Mort Joplin, Mo. | | 25. DATE RECD. BY LOCAL REG. 9-6-1961 | 26. REGISTRAR'S SIGNATURE Dovie Merriam |

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

SEP 19 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 was not embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4770
P. O. Address Joplin 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.