

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036615

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1055 STATE FILE NUMBER

FILED NOV 6 1961

1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY GREBNE		
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 1b	c. CITY OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 2319 Bolivar Road	
3. NAME OF DECEASED (Type or print) First TINSY Middle A. Last RUSSELL			4. DATE OF DEATH Month November Day 1, Year 1961		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2 Aug. 1897	9. AGE (last birthday) 64	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 Home	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Enos J. Whillock		13b. MOTHER'S MAIDEN NAME Rosetta Bowers		14. NAME OF HUSBAND OR WIFE William O. 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. ?	17. INFORMANT Address William O. Russell (Husband) Springfield, 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) Cerebral thrombosis, multiple, recurrent					INTERVAL BETWEEN ONSET AND DEATH 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 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. <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 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
21. I attended the deceased from 9-25-61 to 11/1/61 and last saw <u>her</u> alive on 11/1/61 Death occurred at 6:23 P. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>D. M. K. Benjamin M.D.</i> (Degree or title)			22b. ADDRESS 1630 N. Jefferson SPRINGFIELD MO.		22c. DATE SIGNED 11-3-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/4/61	23c. NAME OF CEMETERY OR CREMATORY Bowers Chapel Cemetery		23d. LOCATION (City, town, or county) Dallas County,	(State) Missouri
24. FUNERAL DIRECTOR KLINGNER MORTUARY, INC. SPRINGFIELD MO.		ADDRESS	25. DATE RECD. BY LOCAL REG. 11-3-61		26. REGISTRAR'S SIGNATURE <i>Effie S. Melton</i>

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

NOV 2 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 Max Rhodes

Licensed Embalmer No. 4071

P. O. Address SPRINGFIELD

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.