SOURI DIVISION OF HEA[redacted]
MENT OF PUBLIC HEALTH AND WELFARE

-61-047553

STATE FILE NUMBER 47553

AMENDED

Registration District No. 347 Primary Registration District No. [redacted] Registrar's No.

FILED DEC 18 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY: Stone

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: James River

Length of stay in 1b:

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION:

Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Missouri b. COUNTY: Stone

c. CITY OR TOWN: Galena

Inside Limits: Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location): Rt. #3

Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Floyd Middle: Last: Russell

4. DATE OF DEATH: Month: October Day: 31, Year: 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 2-23-1898

9. AGE (last birthday): 63

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): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Cape Fair, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Hershel Russell

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Clara Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT: Clara Russell Address: Galena, Missouri Rt. #3

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): Cancer of Prostate — INTERVAL BETWEEN ONSET AND DEATH:

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Unknown — Unknown

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 10/1/61, to 10/31/61 and last saw her/him alive on Oct. 15, 1961

Death occurred at 11:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Roy Gillespie MD

22b. ADDRESS: Branson MO

22c. DATE SIGNED: 12/13/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11/6/1961

23c. NAME OF CEMETERY OR CREMATORY: Cape Fair

23d. LOCATION (City, town, or county) (State): Cape Fair, Missouri

24. FUNERAL DIRECTOR: Manlove Funeral Home ADDRESS: Crane, Mo.

25. DATE RECD. BY LOCAL REG.: Dec. 5-1961

26. REGISTRAR'S SIGNATURE: Lena Murray-Clk.

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.

SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Stone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: (James River)
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION:
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Stone
c. CITY OR TOWN: Galena
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R#3
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Floyd Middle: Russell Last: Russell
4. DATE OF DEATH: Month: October Day: 31 Year: 1961 ~~1898~~
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/23/1898
9. AGE (last birthday): 63
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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Cape Fair, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Hershel Russell
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Clara Russell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW1
16. SOCIAL SECURITY NO.:
17. INFORMANT: Clara Russell Address: Galena, Missouri R#3

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): Cancer of Prostate -
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): unknown -
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: unk.
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: Bronson COUNTY: Lonely STATE: Mo

21. I attended the deceased from 10/1/61 to 10/31/61 and last saw him alive on 10/15/61
Death occurred at 11:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Roy Ellison (Degree or title) MD
22b. ADDRESS: Bronson Mo
22c. DATE SIGNED: 11/4/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/6/1961
23c. NAME OF CEMETERY OR CREMATORY: Cape Fair
23d. LOCATION (City, town, or county) (State): Cape Fair, Missouri
24. FUNERAL DIRECTOR: Manlove Funeral Home, Crane, Mo ADDRESS:
25. DATE RECD. BY LOCAL REG.: Dec. 5 - 1961
26. REGISTRAR'S SIGNATURE: Lena Murray Dep.

(Licensed Embalmer's Statement on Reverse Side)

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

VS DEC 19 1964

JUN 22 1962

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,

~~Student~~ _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed George Manlove

Signature of Student Embalmer

Licensed Embalmer No. 3827

P. O. Address Crane 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.