

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-000956

STATE FILE NUMBER

Registration District No. 101 Primary Registration District No. _____ Registrar's No. 2

AMENDED

FILED JAN 29 1962

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

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Douglas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ava		Length of stay in lb 15yrs	c. CITY OR TOWN Ava Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Rhoda Ann Russell			4. DATE OF DEATH Month Day Year Jan. 17, 1962
5. SEX Female	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 9-5-70
9. AGE (last birthday) 91		IF UNDER 1 YEAR Months Days Hours Min.	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	11. BIRTHPLACE (City and state or country) Buckhart, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Morgan Riley	
13b. MOTHER'S MAIDEN NAME Mary Tetrick		14. NAME OF HUSBAND OR WIFE Samuel Albert 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. Delpha Wilson, Ava, 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 Intestinal Hemorrhage inst DUE TO (b) Acute Mesenteric Thrombosis inst DUE TO (c) CA-Metastasis - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Arterio-sclerotic Heart Dis			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 checked="" 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 7-10-1957 to 1-17-62 and last saw her ^{her} was alive on 1-17-62 Death occurred at 3: P. M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M. C. Gentry M.D.		22b. ADDRESS Ava Mo	22c. DATE SIGNED 1-19-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-21-62	23c. NAME OF CEMETERY OR CREMATORY Pleasant Mound	23d. LOCATION (City, town, or county) (State) Blanche, Missouri
24. FUNERAL DIRECTOR ADDRESS Clinkingbeard Funeral Home, Ava, Mo.	25. DATE RECD. BY LOCAL REG. 1-22-62	26. REGISTRAR'S SIGNATURE Vestal Bushman	

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

Lyle C. Glickinghead

Licensed Embalmer No. 4830

P. O. Address Qua, 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.