

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014809

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. _____ Registrar's No. 50

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 8 1962

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Stanberry</u>		Length of stay in 1b <u>4 weeks</u>	c. CITY OR TOWN <u>Stanberry</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Harmony Hill Nursing Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>518 N. High</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Nora</u> Middle <u>Florence</u> Last <u>Russell</u>			4. DATE OF DEATH Month <u>April</u> Day <u>29</u> Year <u>1962</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-25-1898</u>
9. AGE (last birthday) <u>68</u>		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) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (City and state or country) <u>Wallace, Nebraska</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Milan S. Newell</u>	
13b. MOTHER'S MAIDEN NAME <u>Margaret Emma Law</u>		14. NAME OF HUSBAND OR WIFE <u>Ora L. Russell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT Address <u>Ora L. Russell, Stanberry, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Renal failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Weeks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Urinary infection and Toxemia</u>			<u>3 or 4 months</u>
DUE TO (c) <u>subphrenic abscess from ruptured colon</u>			<u>4 mo.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>unknown</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Auto accident</u>	
20c. TIME OF INJURY Hour <u>4:30</u> Month, Day, Year <u>DEC. 30, 1961</u>			
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.) <u>US 73 PARALLEL AVE.</u>	20f. CITY, TOWN, OR LOCATION <u>KANSAS CITY, WYANDOTTE, KANSAS</u>
21. I attended the deceased from <u>June 29, 1960</u> to <u>April 29, 1962</u> and last saw her alive on <u>Apr 29, 1962</u> Death occurred at <u>4:30 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Albert L. Carlin MD</u> (Degree or title)		22b. ADDRESS <u>Stanberry, Mo</u>	22c. DATE SIGNED <u>5-1-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 2, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>High Ridge Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Stanberry Missouri</u>
24. FUNERAL DIRECTOR <u>Johnson Funeral Homes, Stanberry, Mo.</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>5-1-62</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. L.W. Bare</u>

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

VS 300
Rev. 4/59
0380
20380
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4 1
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98259
10 33
11815
1286.0
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USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO. SHOULD READ

MAY 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,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leo Evan Johnson

Licensed Embalmer No. 4948

P. O. Address Stanbery, 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.