

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-015606

STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 5573 Registrar's No. 46

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 15 1962

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sri A bar Twp 88 4rs Length of stay in-lb 88 yrs
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Russell Rd Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Jackson
 c. CITY OR TOWN Oak Grove Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No
Rural Route #2

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Samuel D Russell May 10 1962

5. SEX male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 11/2/1873 9. AGE (last birthday) 88 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer 10b. KIND OF BUSINESS OR INDUSTRY Farm 11. BIRTHPLACE (City and state or country) Oak Grove Mo 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Enoch Russell 13b. MOTHER'S MAIDEN NAME Mary Ferrill 14. NAME OF HUSBAND OR WIFE Sallie 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. No 17. INFORMANT Virgil Russell Address Oak Grove 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 hemorrhage, lobandie area. Arteriosclerosis. INTERVAL BETWEEN ONSET AND DEATH 20 min
 DUE TO (b) _____
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 5-10-62 to 5-10-62 and last saw her/him alive on 5-10-62.
 Death occurred at 3:30 PM. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (In person or title) 22b. ADDRESS Oak Grove Mo 22c. DATE SIGNED 5-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 5/12/1962 23c. NAME OF CEMETERY OR CREMATORY Koger Cem 23d. LOCATION (City, town, or county) (State) Grain Valley Mo

24. FUNERAL DIRECTOR Webb Funeral Home - Blue Springs Mo ADDRESS Blue Springs Mo 25. DATE RECD. BY LOCAL REG. 5-12-1962 26. REGISTRAR'S SIGNATURE [Signature]

VS 300
 Rev. 4/59.
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 27000
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 132-0

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 William E. Free

Licensed Embalmer No. 4733

P. O. Address Blue Springs 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.