

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021837
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 146

FILED JUL 10 1962

VS 300
Rev. 4/59

1 0047
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4 1
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12 1-0
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DATE AMENDED

8/27/62
8/27/62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Louisville & Unk.
None

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Informant

SHOULD READ

Lovelleville & Viola
Roy R. Russell (deceased)

USE BLACK INK OR

TYPEWRITER RIBBON

Harold D. Sanford, M.D.

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mexico</u>		Length of stay in 1b <u>5 yrs.</u>	c. CITY OR TOWN <u>Mexico</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>Audrain Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>219 E. Bolivar St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Lily</u> Middle <u>E.</u> Last <u>Russell</u>		4. DATE OF DEATH Month <u>June</u> Day <u>27</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-1-1883</u>
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>own Home</u>	9. AGE (last birthday) <u>78</u>
11. BIRTHPLACE (City and state or country) <u>Louisville, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert Adams</u>		13b. MOTHER'S MAIDEN NAME <u>Viola Howell</u>	
14. NAME OF HUSBAND OR WIFE <u>Roy R. Russell (Deceased)</u>		17. INFORMANT Address <u>Mrs. Leonard Soldan Mexico, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>no</u> (If yes, give dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</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>Cerebro was ailer accident</u>			INTERVAL BETWEEN ONSET AND DEATH <u>30 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u>			<u>1 year</u>
DUE TO (c) <u>generalized arteriosclerosis</u>			<u>year</u>
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 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. _____	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 <u>5-26-59</u> to <u>6-27-62</u> and last saw her alive on <u>6-27-62</u> Death occurred at <u>19:15 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Harold D. Sanford M.D.</u> (Degree or title)		22b. ADDRESS <u>Mexico, Mo.</u>	22c. DATE SIGNED <u>6-30-62</u>
23a. BURIAL, CREMATION, or other disposition (specify) <u>Burial</u>	23b. DATE <u>June 29-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>East Lawn Cem.</u>	23d. LOCATION (City, town, or county) <u>Mexico Mo.</u>
24. FUNERAL DIRECTOR <u>Precht-Hueston</u> ADDRESS <u>Mexico, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>July 3-1962</u>	26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>

JUL 11 1962

AUG 3 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 Earl E. Pugh

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.