MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-026218
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 45 Primary Registration District No. 5143 Registrar's No. 919

FILED AUG 8 1962

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 2
Inside Limits Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print) First NANCY Middle CAROLINE Last RUSSELL
4. DATE OF DEATH Month July Day 21 Year 1962
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 7-8-1874
9. AGE (last birthday) 88
IF UNDER 1 YEAR Months 0 Days 13 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 Home
11. BIRTHPLACE (City and state or country) Ripley County, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Wiley Webb
13b. MOTHER'S MAIDEN NAME Mary Pennington
14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) ------
16. SOCIAL SECURITY NO. None
17. INFORMANT Hadley Russell Address Rt. 2 Poplar Bluff, Mo.

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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — yrs.
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 July 20 1962 to July 21 1962 and last saw her alive on July 21 1962
Death occurred at 7:40 PM on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Norman E. Wills (Degree or title) MD
22b. ADDRESS Poplar Bluff Mo
22c. DATE SIGNED 2 July 62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-23-62
23c. NAME OF CEMETERY OR CREMATORY Kernes Cemetery
23d. LOCATION (City, town, or county) (State) Rt. 2 Poplar Bluff, Mo.
24. FUNERAL DIRECTOR Russell-Ermert ADDRESS Rt. 2 Corning, Ark.
25. DATE RECD. BY LOCAL REG. 8-4-1962.
26. REGISTRAR'S SIGNATURE Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0120		
2	0120		
3			
4	1		
5	2		
6			
7	0		
8	0		
9	4200		
10			
11			
12	70-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

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 _____ Signed Richard O. Emmert

Signature of Student Embalmer

Licensed Embalmer No. 782

P. O. Address Corning, Ark.

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.