

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039617

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
 AMENDED

Registration District No. 257 Primary Registration District No. 4391 Registrar's No. 44

VS 300
 Rev. 4/59

1 0760
 2 0760
 3
 4 1
 5 2
 6
 7 0
 8 0
 9 155.1
 10
 11
 12 90-0
 13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

FILED OCT 30 1962

1. PLACE OF DEATH
 a. COUNTY Osage

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri COUNTY Osage

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Meta Length of stay in 1b 44 years

c. CITY OR TOWN Meta Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) Residence Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Anna Middle Mamie Last Russler (Mamie)

4. DATE OF DEATH Month October Day 21 Year 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 9-17-1883 9. AGE (last birthday) 79 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Bay, Mo. 11. BIRTHPLACE (City and state or country) USA 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME August F. Brinkmann 13b. MOTHER'S MAIDEN NAME Elizabeth Ruskaup 14. NAME OF HUSBAND OR WIFE Charles Russler (dec.)

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 Miss Evelyn Russler Address Meta, 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) Carcinoma Metastatic
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Primary site gall-bladder
 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 Month, Day, Year a.m. p.m.
 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 Jan 6/62 to Oct 21/62 and last saw her alive on Oct 21/62
 Death occurred at 11:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Reagan A Taylor M.D. 22b. ADDRESS 110 Jefferson Estes 22c. DATE SIGNED 10-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10-24-1962 23c. NAME OF CEMETERY OR CREMATORY Owensville Cemetery 23d. LOCATION (City, town, or county) (State) Owensville, Missouri

24. FUNERAL DIRECTOR Scrivner-Stevinson ADDRESS Meta, Mo. 25. DATE RECD. BY LOCAL REG. 25/Oct 1962 26. REGISTRAR'S SIGNATURE Norman Martin, Dep.

USE BLACK INK OR TYPEWRITER RIBBON

OCT 30 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 Jay L. Stevenson Student Embalmer No. 654

working under my personal supervision.

Student Jay L. Stevenson
Signature of Student Embalmer

Signed J. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address Loacino

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.