

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024578

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3438

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF CLAUDE C. HATLEY, M.D. MEDICAL CERTIFICATION

<b>FILED JUL 5 1963</b>					
1. PLACE OF DEATH					
a. COUNTY <b>JACKSON</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b> Length of stay in lb <b>LIFE</b>					
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION <b>3576 SUMMIT ST. CREST HAVEN NURSING HOME</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
a. STATE <b>KANSAS</b> b. COUNTY <b>JOHNSON</b>					
c. CITY OR TOWN <b>PRAIRIE VILLAGE</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. STREET ADDRESS (If outside, give location) <b>4009 PRAIRIE LANE</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED First Middle Last			4. DATE OF DEATH Month Day Year		
<b>ANNA W RUSSELL</b>			<b>JUNE 18, 1963</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>CAUC.</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-24-1879</b>	9. AGE (last birthday) <b>86</b>	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>PINKHILL MO</b>		11. BIRTHPLACE (City and state or country) <b>USA.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA.</b>
13a. FATHER'S NAME <b>JOHN - UNKNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>MOLLY SAWARD</b>		14. NAME OF HUSBAND OR WIFE <b>CHARLES D. RUSSELL SR.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT: Address <b>ROBERT RUSSELL, KANSAS CITY, KANS.</b>	
18. CAUSE OF DEATH (Enter only one cause per line)					
PART I. DEATH WAS CAUSED BY:					
IMMEDIATE CAUSE (a) <b>Bronchopneumonia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>	
DUE TO (b) <b>Generalized arteriosclerosis</b>				<b>10 yrs</b>	
DUE TO (c) <b>Cerebral artery insufficiency</b>					
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 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 <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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>June 17 58</b> and last saw her <b>June 18, 63</b> alive on <b>June 16, 1963</b> Death occurred at <b>7 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>[Signature]</b> (Degree or title)			22b. ADDRESS <b>6400 Prospect, KC MO</b>		22c. DATE SIGNED <b>6/18/63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>6-20-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>mt. washington</b>		23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MO</b>
24. FUNERAL DIRECTOR <b>1331 BRUSH CREEK BLVD. D.W. NEWCOMER'S SONS, KANSAS CITY, MO</b>			25. DATE RECD. BY LOCAL REG. <b>6-18-63</b>	26. REGISTRAR'S SIGNATURE <b>Ruth N Long</b>	

USE BLACK INK OR TYPEWRITER RIBBON

DR. C. E. FARLEY EMBL-7833  
6400 Prospect Hill  
AFTER 12:00 NOON 0 0  
890

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.