

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024261

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 75

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6890
20890

3

4 1

5 0

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7 0

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9 160-0

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11

12 1-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. FILED JUL 10 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Ray		a. STATE Missouri	b. COUNTY Ray
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond township		c. CITY OR TOWN Millville	
Length of stay in 1b 3 months		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ray County Memorial Hosp.		d. STREET ADDRESS (If outside, give location) 3 miles east of Millville	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last			4. DATE OF DEATH Month Day Year
EMMA CLANTON RUSSELL			June 30, 1962
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/16/1880
9. AGE (last birthday) 81		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Millville, Ray Co., Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME George W. Russell	
13b. MOTHER'S MAIDEN NAME Sarah McDonald		14. NAME OF HUSBAND OR WIFE Never married	
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. 494-40-6842	17. INFORMANT Address James Russell, Rt. 1, Richmond, 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) Periconatosis,			INTERVAL BETWEEN ONSET AND DEATH 4 years
DUE TO (b) primary in nose.			
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. <input type="checkbox"/> Yes <input checked="" 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"/>	20b. SUICIDE <input type="checkbox"/>	20c. 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. Month, Day, Year		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>1954</u> to <u>death</u> and last saw her alive on <u>6-29-62</u>			
Death occurred at <u>2:25 a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>J. Crozier M.D.</i>		22b. ADDRESS <i>Richmond Mo.</i>	22c. DATE SIGNED <i>7-2-62</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 2, 1962	23c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery	23d. LOCATION (City, town, or county) (State) Hardin (rural), Missouri
24. FUNERAL DIRECTOR ADDRESS Thurman Funeral Home, Richmond, Mo.		25. DATE RECD. BY LOCAL REG. 7-2-1962	26. REGISTRAR'S SIGNATURE <i>Malcolm Jackson</i>

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 Levan Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, 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.