

FILED FEB 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42489**

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5551 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY OR TOWN <u>Rural</u>		c. CITY OR TOWN <u>Rural</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Plains, Mo. H. 3</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> b. (Middle) <u>Estelle</u> c. (Last) <u>Russell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-29-48</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid</u>	8. DATE OF BIRTH <u>3-17-1906</u>
9. AGE (In years last birthday) <u>42</u>		10. MONTHS <u>9</u>	11. DAYS <u>12</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	11. BIRTHPLACE (State or foreign country) <u>Line Bluff, Ark.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Messner, Holt</u>	
13b. MOTHER'S MAIDEN NAME <u>Eula Carpenter</u>		13c. NAME OF HUSBAND OR WIFE <u>J. C. Russell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Messner, J. Holt</u>		17. ADDRESS <u>West Plains, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignant Glioblastoma Multiforme</u> right side of brain ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>540</u>		INTERVAL BETWEEN ONSET AND DEATH <u>193X</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>malignant glioblastoma multiforme at Barnes Hosp</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Sept 26, 1948</u> , to <u>Dec 23, 1948</u> , that I last saw the deceased alive on <u>Dec 23, 1948</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. Richard A. Smith M.D.</u>		23b. ADDRESS <u>913 W. Main West Plains, Mo.</u>	23c. DATE SIGNED <u>1-8-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE <u>12-31-48</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>West Plains, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Jan 29-49</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson's Funeral Home</u>	ADDRESS <u>West Plains, Mo.</u>

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)
Dr. Richard Smith West Plains, Mo.

REC'D 2-2-49
Health Officer No. 5
District File Number 24996
Date Filed 2-2-49

NOV 28 1955

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.

Signed.....
Student Embalmer

Signed.....
George W. Ray

Licensed Embalmer No. 4480

P. O. Address *West Plains, 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 this body is not embalmed, fact should be so stated above.