S. No. 300
v. 10-48

FILED APR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9308

BIRTH NO. _____ REG. DIST. NO. 228 PRIMARY REG. DIST. NO. 5808 Registrar's No. 8

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

1. PLACE OF DEATH
a. COUNTY: MONTGOMERY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Breaxreek
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: MONTGOMERY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Breaxreek, 70 8
d. STREET ADDRESS (If rural, give location): 4½ MILES north High Hill

3. NAME OF DECEASED (Type or Print): a. (First) MATILDA b. (Middle) JANE c. (Last) RUSSELL

4. DATE OF DEATH (Month) (Day) (Year): April 3 1949

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 19 1863
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months 9, Days 14 — IF UNDER 24 HRS.: 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: ✓
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Wm Milligan
13b. MOTHER'S MAIDEN NAME: Emaline Walker
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Elmer Russel ADDRESS: High Hill Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral Hoemorrhage — 4 days
DUE TO (c) Arterio-Sclerotic Nephritis — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none 442 X
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
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): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? none

22. *I hereby certify that I attended the deceased from* March 31, 1949, *to* April 3, 1949, *that I last saw the deceased alive on* April 3, 1949, *and that death occurred at* 10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James O. Helm M.D.
23b. ADDRESS: New Florence Mo.
23c. DATE SIGNED: 4-9-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 6
24c. NAME OF CEMETERY OR CREMATORY: Mount Pleasant
24d. LOCATION (City, town, or county): High Hill (State): Mo

DATE REC'D BY LOCAL REG.: 4-10-49
REGISTRAR'S SIGNATURE: Mrs May Miller 206
25. FUNERAL DIRECTOR'S SIGNATURE: C A Harding ADDRESS: Lonsburg Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 13 1949

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 Earl A. Harding

Signed ..... Student Embalmer

Licensed Embalmer No. 4115

P. O. Address Jonesburg 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.