

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 15 1949

State File No. 23

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 193 PRIMARY REG. DIST. NO. 4306 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Goodman</u>)		c. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Goodman</u>)	
c. LENGTH OF STAY (In this place) <u>30 years</u>		d. STREET ADDRESS (If rural, give location) <u>Box 5</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Goodman Missouri</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Lawrence</u>	b. (Middle) <u>Leondar</u>	c. (Last) <u>Russell</u>	<u>April 1 1949</u>		

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 29, 1890</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>3</u>	IF UNDER 24 HRS. Hours <u>3</u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto Garage Manager</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Repair</u>	11. BIRTHPLACE (State or foreign country) <u>Bright County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Levi Russell</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Ellis</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Sibyl Russell</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W.W.I</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sibyl Russell, Goodman, Missouri</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 Day</u> <u>10 yrs</u> <u>10 yrs</u> <u>33ix</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>		
	DUE TO (c) <u>Essential Hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic nephritis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from Aug, 1941, to April, 1949 that I last saw the deceased alive on April 2, 1949, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C. E. Wanner M.D.</u> (Degree or title)	23b. ADDRESS <u>Neesho Mo</u>	23c. DATE SIGNED <u>April 3, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 3, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Howard Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Goodman, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-9-49</u>	REGISTRAR'S SIGNATURE <u>Mrs. Fred W. Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John B. Robinson</u>	ADDRESS <u>Goodman Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

67501 41 N177

JUN 17 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 _____

John B. Papineau

Signed _____
Student Embalmer

Licensed Embalmer No. 4446

P. O. Address Goodman, 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.