

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18773

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 5149 Registrar's No. _____

| | | | |
|--|---------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Caldwell</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Caldwell</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Nottlton Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Nottlton, Mo.</u> | |
| c. LENGTH OF STAY (In this place) <u>40 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>same</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>One-half mile east Nottlton Mo.</u> | | e. (Last) <u>Gomer Inge</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>FLORA</u> b. (Middle) <u>BELLE</u> c. (Last) <u>RUSSELL</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 2, 1949</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>Oct. 23, 1860</u> |
| 9. AGE (In years last birthday) <u>89</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u> | 11. BIRTHPLACE (State or foreign country) <u>Nottlton, Missouri</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Joseph Pawsoy</u> | | 13b. MOTHER'S MAIDEN NAME <u>Nancy (Unknown)</u> | 14. NAME OF HUSBAND OR WIFE <u>George Russell</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dan Russell-Nottlton, 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>Inanition</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Frailty of old age</u> DUE TO (c) _____ 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 <u>none</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u> | | 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) (Minute) | | 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>May 29, 1949</u> , to _____, 19____, that I last saw the deceased alive on <u>May 29, 1949</u> , and that death occurred at <u>3:00 P.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>E A Thompson MD</u> | | 23b. ADDRESS <u>Brockenridge Mo</u> | 23c. DATE SIGNED <u>6-4-49</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>June 4, 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Brockenridge, Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gene C. Michael, Braymer, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>June 14, 1949</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Nell B. Jones</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

1300



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 _____

Gene C. Michael

Signed _____

~~Student Embalmer~~

Licensed Embalmer No. _____

4340

P. O. Address _____

Braymer, 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.