

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED AUG 11 1949

5. No. 300  
10. 48

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

BIRTH NO. .... REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5422 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY: <u>DUNKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>DUNKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KENNETT</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KENNETT</u>	
c. LENGTH OF STAY (In this place) <u>3 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>Route-3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>At HOME ROUT-3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROGER.</u> b. (Middle) <u>DALE.</u> c. (Last) <u>RUSSELL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 24, 1949</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W-</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>U</u>	8. DATE OF BIRTH <u>OCT 9, 1947</u>
9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR: Months <u>9</u> Days <u>15</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>	
11. BIRTHPLACE (State or foreign country) <u>KENNETT MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ALONZO RUSSELL</u>		13b. MOTHER'S MAIDEN NAME <u>MARIE WALKER</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ALONZO RUSSELL, KENNETT MO</u> ADDRESS	
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) <u>COLICTS.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>BACILLUS OF DYSENTERIAE.</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	
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>July 24, 1949</u> , to <u>July 24, 1949</u> , that I last saw the deceased alive on <u>July 24, 1949</u> , and that death occurred at <u>7:34 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>George P. Robinson D.O.</u>		23b. ADDRESS <u>Kennett Mo</u>	
23c. DATE SIGNED <u>7-25-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-25-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u>	24d. LOCATION (City, town, or county) (State) <u>Sloanfield Mo</u>
DATE REC'D BY LOCAL REG. <u>July 25-1949</u>	REGISTRAR'S SIGNATURE <u>Carl Newland</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Funeral Home, Malden, Mo</u> ADDRESS	

RECEIVED AUG 6 1944  
District Health Office No. \_\_\_\_\_  
District File Number <sup>849</sup> 792 \_\_\_\_\_  
Date Filed \_\_\_\_\_

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**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 \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.