

FILED APR 17 1950

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

12095

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>5131</u>		Registrar's No. <u>439</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Tremont Twp. life</u>				c. LENGTH OF STAY (in this place) _____			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Agency-Rural-Tremont 6110</u>			
d. STREET ADDRESS <u>Residence</u>				d. STREET ADDRESS (If rural, give location) <u>Agency, R.F.D. 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>			b. (Middle) <u>Henry</u>			c. (Last) <u>Russell</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 6 1950</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>April 5, 1875</u>	
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Buchanan Co. Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob Russell</u>			13b. MOTHER'S MAIDEN NAME <u>Janie Cobb</u>			14. NAME OF HUSBAND OR WIFE <u>Pearl Russell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Russell</u> ADDRESS <u>Agency 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, Prostatitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				<u>177X</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio-sclerosis, General</u>				<u>5 years</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____ m. _____		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>Jan. 1, 1947</u> , to <u>April 6, 1950</u> , that I last saw the deceased alive on <u>April 3, 1950</u> , and that death occurred at <u>10:30 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. L. Durham M.D.</u>				23b. ADDRESS <u>Seaborn Mo.</u>		23c. DATE SIGNED <u>4-8-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4/8/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Frazier Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Agency Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 12, 1950</u>		REGISTRAR'S SIGNATURE <u>E. G. Jenkins</u> 382		25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Murray</u>		ADDRESS <u>Gower Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1110

H. 12-50

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed John H. Murray

Licensed Embalmer No. 2893

P. O. Address Gower, 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.