

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 21 1950

State File No. **13234**
Registrar's No. **1665**

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

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1665</u>	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY JOHNSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) # 7 mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mission		8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKES HOSPITAL				d. STREET ADDRESS (If rural, give location) 6624 WENONGA ROAD			
3. NAME OF DECEASED (Type or Print) a. (First) NETTIE MIDDLE E		b. (Middle) E		c. (Last) RUSSELL		4. DATE OF DEATH (Month) (Day) (Year) APRIL 7, 1950	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH DECEMBER 19, 1860	
9. AGE (In years last birthday) 89		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) OHIO	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME CHARLES J. D. CUMMINGS		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE CHARLES R. RUSSELL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. ROY RUSSELL 6624 WENONGA RD.			
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.		<p style="text-align: center;">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile Arteriosclerosis</p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>				INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
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., floor 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>Sept 9th, 1947</u> to <u>Apr. 6th, 1950</u> , that I last saw the deceased alive on <u>Apr 5th, 1950</u> and that death occurred at <u>6:20 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE James D. Smith (Degree or title) M.D.				23b. ADDRESS 318 Prof. Bldg. K.C. Mo		23c. DATE SIGNED 4/7/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-10-50		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL ABBEY		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI	
DATE REC'D BY LOCAL REG. 4-8-50		REGISTRAR'S SIGNATURE Staldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO. K. C., MO.			

STATE OF ILLINOIS DEPARTMENT OF HEALTH DIVISION OF ANATOMY AND PHYSIOLOGY

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.

Student _____
Student Embalmer

Signed *Max E. Meyer*

Licensed Embalmer No. *4555*

P. O. Address *H. C. Meyer*

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.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State of Missouri

State File No. 13234-50

County of Jackson

ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No.

On this 25th day of March, 1960, before me appears Elmo D.

lett, agent for Stine & McClure, who, upon his oath, states that the original record of ~~xxx~~ death,

for Mettie E. Russell ~~xxxx~~ died Apr. 7, 1950, 19... in the State of

Missouri, and which was filed at Jefferson City, Missouri on Apr. 9, 1960, should be corrected as follows:

Item No. 3 should read Nettie E. Russell

Instead of Mettie E. Russell

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant

Elmo D. Jipka

Relationship.

Present Address.

Subscribed and sworn to before me this 25th day of March,

1960

My Commission expires

My Commission Expires 4-24-62

Robert L. Powell

Notary Public.

S-132 34 1950

