

FILED DEC 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41844

State File No.

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6012 Registrar's No. 60

0880 /

1. PLACE OF DEATH
a. COUNTY Randolph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Randolph

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural--near Thomas Hill c. LENGTH OF STAY (in this place) 4 yrs

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--near Thomas Hill 0880

d. FULL NAME OF HOSPITAL OR INSTITUTION _____ d. STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED (Type or Print)
a. (First) Oree b. (Middle) Lee c. (Last) Russell

4. DATE OF DEATH (Month) (Day) (Year) Dec. 9, 1950

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 3 8. DATE OF BIRTH Nov. 17, 1890 9. AGE (in years last birthday) 60 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming 10b. KIND OF BUSINESS OR INDUSTRY farming 11. BIRTHPLACE (State or foreign country) Ute, Iowa 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John L. Russell 13b. MOTHER'S MAIDEN NAME Jane Whitmore 14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Edward B. Russell ADDRESS Miles, City, Mont.

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes MEDICAL CERTIFICATION
INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES _____
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 7953

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Chas. Magruder, Acting Coroner 23b. ADDRESS Huntsville Mo 23c. DATE SIGNED 12-11-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 12-12-1950 24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) (State) Wessington, South Dakota

DATE REC'D BY LOCAL REG. 12-12-1950 REGISTRAR'S SIGNATURE Wm. G. A. Barnhart 25. FUNERAL DIRECTOR'S SIGNATURE W. B. Patton ADDRESS Dons, Huntsville, Mo

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

Date Received: DEC 19 1950
DISTRICT HEALTH OFFICE #2
District File Number 12-50-2
Date Filed: DEC 20 1950

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 _____

Paul J. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, 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.