

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23205

State File No. ....

3072

Registrar's No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>3 mos.</u>		d. STREET ADDRESS (If rural, give location) <u>7245 Lydia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Delores</u>	b. (Middle) <u>Y.</u>	c. (Last) <u>Russell</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>7 19 51</u>

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>11-2-1915</u>	9. AGE (In years last birthday) <u>36</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>DAVIS COUNTY MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>WM BURTON</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH McBRAYER</u>	14. NAME OF HUSBAND OR WIFE <u>CHAS. E. RUSSELL</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>YES</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Chas. E. Russell</u>	ADDRESS <u>Chas. E. Russell</u>
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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		INTERVAL BETWEEN ONSET AND DEATH  <u>180X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary congestion</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Hypernephroma left kidney with brain metastases</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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July 10, 1951, to July 19, 1951, that I last saw the deceased alive on July 19, 1951, and that death occurred at 12:55A m., from the causes and on the date stated above.

23a. SIGNATURE B. I. BURTON M.D. (Degree or title)	23b. ADDRESS <u>24th &amp; Cherry</u>	23c. DATE SIGNED <u>7-19-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>7-19-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CROWN HILL</u>	24d. LOCATION (City, town, or county) (State) <u>EXCELSIOR SPGS. MO.</u>
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DATE REC'D BY LOCAL REG. <u>7-19-51</u>	REGISTRAR'S SIGNATURE <u>Geraldine Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home</u>	ADDRESS <u>By: L. White</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

*Dr. Hillman*

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..... *Robert E. White*.....

Licensed Embalmer No. *4168*

P. O. Address *Excelsior Spgs, 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.