

FILED AUG 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27605

State File No.

0600
1

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

BIRTH NO. _____ REG. DIST. NO. 193 PRIMARY REG. DIST. NO. 4306 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Goodman</u>)		c. LENGTH OF STAY (In this place) <u>47 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Goodman</u> <u>0600</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>SIBYL</u> b. (Middle) <u>OZELL</u> c. (Last) <u>RUSSELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August, 14, 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>October 11, 1898</u>
9. AGE (In years last birthday) <u>52</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Newton County, Missouri</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Elijah Blankenship</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Paul</u>	14. NAME OF HUSBAND OR WIFE <u>Lawrence L. Russell</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Alice Blankenship, Goodman, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Failure of respiratory musculature</u> ANTECEDENT CAUSES DUE TO (b) <u>Extreme toxicity</u> DUE TO (c) <u>Mediastinal malignancy</u> 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) <u>164X</u>	
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>August 11, 1951</u> , to <u>August 14, 1951</u> , that I last saw the deceased alive on <u>August 14, 1951</u> , and that death occurred at <u>4:45 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Harold C. Ward, D.O.</u>		23b. ADDRESS <u>Goodman, Mo.</u>	23c. DATE SIGNED <u>Aug 15, '51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>August 16, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Howard Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Goodman, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Aug 18-51</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ina Masters</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John B. Robinson</u>	ADDRESS <u>Goodman, Mo.</u>

DIVISION OF HEALTH OF MD.
District No. 5 Springfield

RECEIVED

AUG 21 1951

Dist. File

857-1530

Date Filed

8-23-51

NOV 20 1951

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

John B. Papineau

Licensed Embalmer No.

4446

P. O. Address

Goodman, 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.