

FILED JAN 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41807**
5546

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 1yr.		d. STREET ADDRESS (If rural, give location) 5503 St. John	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5503 St. John			

3068

3. NAME OF DECEASED (Type or Print) Samuel Dorris Russell			4. DATE OF DEATH (Month) (Day) (Year) 12 23 51		
5. SEX Male		6. COLOR OR RACE Wht.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
8. DATE OF BIRTH Feb. 9 1874		9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ala.		12. CITIZEN OF WHAT COUNTRY? U. S.	

13a. FATHER'S NAME Sam Russell		13b. MOTHER'S MAIDEN NAME Elizabeth Winton		14. NAME OF HUSBAND OR WIFE -	
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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) No		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME Mrs Ethel Saunders		ADDRESS 5503 St. John K C MO	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis			DUE TO (b) Arteriosclerotic Heart Disease			8 hrs		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			DUE TO (c)			10 yrs		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

4200

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) (Min)		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 Feb 13, 1950, to Dec 23, 1951, that I last saw the deceased alive on Dec 23, 1951, and that death occurred at 7:35 A m., from the causes and on the date stated above.

23a. SIGNATURE Walter Cummins MD (Degree or title) Walter Cummins MD		23b. ADDRESS 1615 Pine/Bldg.		23c. DATE SIGNED 12-25-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/23/51		24c. NAME OF CEMETERY OR CREMATORY -		24d. LOCATION (City, town, or county) (State) Plattsburg MO.	
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DATE REC'D BY LOCAL REG. 12-24-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Stine & McClure		ADDRESS K. C. MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1721001121
Bennett

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 _____

Eugene J. Pennington

Licensed Embalmer No. _____

4633

P. O. Address _____

Kansas City, 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.