

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
2054

FILED FEB 11 1952
BIRTH NO. 8878-52 REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4330 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miss</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>East Prairie</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>East Prairie</u>		1671
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residences</u>			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>LINDA</u>	b. (Middle) <u>SUE</u>	c. (Last) <u>RUSSELL</u>	Month <u>Jan</u>	Day <u>24</u>	Year <u>1952</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Jan. 24, 1952</u>	9. AGE (In years last birthday)	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
				<u>3</u>				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>East Prairie, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Adon Russell</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Gene Hubbard</u>		14. NAME OF HUSBAND OR WIFE <u>None</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) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Carl Hubbard - East Prairie, Mo.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary collapse</u>					<u>3 hrs. 45 min.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Premature birth</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 type="checkbox"/> NO <input type="checkbox"/>	
					<u>7625</u>	

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 Jan. 24, 1952, to Jan. 24, 1952, that I last saw the deceased alive on Jan. 24, 1952, and that death occurred at 8:46 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>T. P. Fenton D.O.</u>		23b. ADDRESS <u>T. P. Fenton, D. O. Wyatt, Missouri</u>		23c. DATE SIGNED <u>Jan. 29, 1952</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 25, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>W. O. W. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>East Prairie, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-5-52</u>	REGISTRAR'S SIGNATURE <u>Gertrude G. Harper</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Walter Shelby</u>	ADDRESS <u>East Prairie, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

691

FEB 7 REC'D

RECEIVED
Miss. Co. Health Dept
County File No. _____
Date Filed FEB 8 1952

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 _____

Not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Travis Shelby

Licensed Embalmer No. *2726*

P. O. Address *East Prairie 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.