

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8230

FILED APR 11 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Arcadia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Arcadia	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mi. east of Ironton		1 mile east of Ironton	

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) WILLARD	c. (Last) RUSSELL	4. DATE OF DEATH (Month) (Day) (Year)
				April 2 1952

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 31 1888	9. AGE (In years last birthday) 64	10. MONTH (2)	11. DAY (1)	12. HOUR ( ) MIN. ( )
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) artist	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ironton Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles W. Russell	13b. MOTHER'S MAIDEN NAME Sarah Martin	14. NAME OF HUSBAND OR WIFE Hulda Russell
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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) yes WWI	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. J.W. Russell, Ironton Mo.	ADDRESS
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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 8 Mos
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Tumor of Spine		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) existing the underlying cause last. DUE TO (b) Type Unknown - Degenerative by DUE TO (c) X-ray		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED: WHOLE AT WORK <input type="checkbox"/> NOT WHOLE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from August 1, 1951, to April 2, 1952, that I last saw the deceased alive on April 1, 1952, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS Ironton Mo	23c. DATE SIGNED 4-3-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 4-4-52	24c. NAME OF CEMETERY OR CREMATORY Russell Cemetery	24d. LOCATION (City, town, or county) (State) Arcadia Mo.
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DATE REC'D BY LOCAL REG. 4-7-52	REGISTRAR'S SIGNATURE Mrs. Aris Jones 128	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton Mo. [Signature]
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

470

DEC 17 1952

APR 15 1952

JUN 15 1952

JUL 15 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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Amely White*

Licensed Embalmer No. *3012*

P. O. Address *Smiths Hill*

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.