

S. No. 300 FILED AUG 11 1952
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THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

23843

State File No.

REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 245

0164

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

| | | | | | | | | |
|--|--|--|---|--|--|--|--|--|
| BIRTH NO. | | REG. DIST. NO. <u>53</u> | | PRIMARY REG. DIST. NO. <u>3010</u> | | Registrar's No. <u>245</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u> | | | | |
| b. CITY OR TOWN <u>Cape Girardeau</u> | | | | c. CITY OR TOWN <u>Cape Girardeau</u> | | | | |
| c. LENGTH OF STAY (In this place) <u>2 days</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1438 Bessie Street</u> | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Mo. Hospital</u> | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>THOMAS PITKIN RUSSELL</u> | | | 4. DATE OF DEATH <u>August 5, 1952</u> | | | | | |
| a. (First) | | b. (Middle) | | c. (Last) | | | | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>June 17, 1864</u> | | |
| Female | | | | | | 9. AGE (In years last birthday) <u>88</u> 1 <u>18</u> Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming ret.</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | | | 11. BIRTHPLACE (State or foreign country) <u>Arcadia, Missouri</u> | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> | | | 13a. FATHER'S NAME <u>Giles Russell</u> | | 13b. MOTHER'S MAIDEN NAME <u>Emalie Berryman</u> | | 14. NAME OF HUSBAND OR WIFE <u>Lillie T. Russell</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>No</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Willard P. Russell</u> ADDRESS <u>Havti, Mo.</u> | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Pancreas</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.?</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>157X</u> | | | | 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) | | | | |
| 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 <u>Mar. 3, 1952</u> , to <u>Aug. 5, 1952</u> , that I last saw the deceased alive on <u>Aug. 4, 1952</u> , and that death occurred at <u>7:30 Am.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>Charles S. Wilson M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>714 Broadway Cape Girardeau Mo.</u> | | 23c. DATE SIGNED <u>8-5-52</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>August 7, 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>8-6-52</u> | | REGISTRAR'S SIGNATURE <u>C. C. Summers</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walthers Funeral Home</u> ADDRESS <u>Cape Gir. Mo.</u> | | | | |

AUG 26 1954

APR 7 1954

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 *Virgil H. Kelen*
Licensed Embalmer No. *4102*

P. O. Address *Cape Girardeau, 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.