

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35776

FILED NOV 5 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 5820 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Highway 153-	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gideon	0720
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 Mi. So. of Gideon, Mo		d. STREET ADDRESS Rte. (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print) a. (First) ARNOLD	b. (Middle)	c. (Last) RUSSELL	4. DATE OF DEATH (Month) (Day) (Year) OCT. 21, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 30, 1913	9. AGE (In years last birthday) 39	if UNDER 1 YEAR Months 0	if UNDER 24 HRS. Hours 29	if UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Doniphan, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Wm. E. Russell	13b. MOTHER'S MAIDEN NAME Kizzie Wilson	14. NAME OF HUSBAND OR WIFE Ruth M. Russell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Ruth M. Russell, Gideon, Mo. R.1	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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured skull caused		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) by truck accident by DUE TO (c) running into rear of mother's truck parked on road		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E8160 20	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Highway #153	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) New Madrid Mo.
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Oct. 21-52. 6:00 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 072 Truck ran into rear of truck.
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22. I hereby certify that I attended the deceased from 19\_\_ to \_\_\_\_, 19\_\_ that I last saw the deceased alive on \_\_\_\_, 19\_\_, and that death occurred at 6 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. B. Hedgcock, Coroner	23b. ADDRESS New Madrid, Mo.	23c. DATE SIGNED Oct 27-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 24, 1952	24c. NAME OF CEMETERY OR CREMATORY Mt. Gilead Cemetery	24d. LOCATION (City, town, or county) (State) Clarkton, Missouri R.1
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DATE REC'D BY LOCAL REG. 4-1-52	REGISTRAR'S SIGNATURE Mrs. F. J. Hopkins	25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home, Campbell, Mo	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

720

3  
0

DEC 4 1952

MAR 21 1957

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 Christina M. Sanders

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.