

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 19 1954

BIRTH NO. _____ REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 4142 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY OR TOWN <u>Russellville</u>		c. CITY OR TOWN <u>Russellville</u> <u>Monroe</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0-260</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <u>MARGARET ELLEN RUSSELL</u>			4. DATE OF DEATH <u>JAN. 9-54.</u>		
5. SEX <u>Female</u>			6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH <u>APR. 29-1863</u>		
9. AGE (In years last birthday) <u>90</u>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		
10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Russellville Mo</u>		
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>Benjamin Procter</u>		13b. MOTHER'S MAIDEN NAME <u>Jessie Tomlinson</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Jessie Steffens Russellville</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Chronic Cholecystitis</u> <u>10 years</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Chronic Cholelithiasis</u> <u>10 years</u>	
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 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) m.		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, 1954, to Jan 9, 1954, that I last saw the deceased alive on Jan 9, 1954, and that death occurred at 6:00 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. M. Eberhart D.O.</u>		23b. ADDRESS <u>Russellville</u>		23c. DATE SIGNED <u>1/11/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-12-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ENLOE CEM.</u>	
				24d. LOCATION (City, town, or county) (State) <u>Russellville Mo</u>	

DATE REC'D BY LOCAL REG. <u>Jan. 12</u>		REGISTRAR'S SIGNATURE <u>Mrs. Minnie Hittman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jessie Steffens</u> ADDRESS <u>Russellville Mo</u>	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

FEB 10 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: *Ernst Steffens*

Licensed Embalmer No. *2307*

P. O. Address *Russellsville 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.