

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4611

State File No. ....

FILED MAR 15 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 250

0390  
PERMANENT RECORD  
MISSOURI  
SPRINGFIELD  
BLACK INK—WRITE PLAINLY—USING UNFADING

1. PLACE OF DEATH a. CITY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Wisconsin</u> b. COUNTY <u>Columbia</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield Rural N. Campbell</u>		c. LENGTH OF STAY (In this place) OR CITY OR TOWN <u>Wisconsin Dells</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 Miles East Hwy 66</u>		e. STREET ADDRESS (If rural, give location) <u>c/o General Delivery</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>GEORGE</u>	b. (Middle) <u>RAYMOND</u>	c. (Last) <u>RUSSELL</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>March 5, 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 13, 1892</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>(Unknown) Wisconsin</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Elno Russell</u>	13b. MOTHER'S MAIDEN NAME <u>Gertie Bowen</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Celia Russell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Celia Russell</u>	ADDRESS <u>Wisconsin Dells, Wis</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH
	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. <u>Bronchial asthma</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4/201</u>	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that ~~the above is a true and correct copy of the original as shown to me by the Registrar~~ death occurred at 10:00 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Dean Cunningham</u> (Degree or title) <u>B. M. D.</u>	23b. ADDRESS <u>Springfield, Missouri</u>	23c. DATE SIGNED <u>3/6/1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3/7/1954</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Wisconsin Dells, Wisconsin</u>
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DATE REC'D BY LOCAL REG. <u>3-9-54</u>	REGISTRAR'S SIGNATURE <u>Patricia Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Dean Cunningham</u>	ADDRESS <u>Springfield, Mo.</u>
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(Licensed Embalmer's Stamp on Reverse Side)

MAR 17 1957

MAR 23 1957

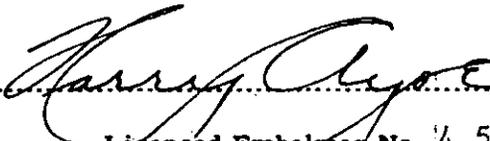
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STATEMENT BY LICENSED EMBALMER

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.....  
Signature of Student Embalmer

Signed.....  
  
Licensed Embalmer No. 4.5.9.

P. O. Address Springfield,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.