

FILED SEP 14 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **26165**

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>4014</u>		Registrar's No. <u>100</u>			
1. PLACE OF DEATH a. COUNTY <u>Atchison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairfax</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clark Twsp. 2030</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fairfax Comm. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>6 Mi. West of Fairfax</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u>		b. (Middle) <u>B.</u>		c. (Last) <u>RUSSELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 8 1954</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>Nov. 11, 1864</u>			
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		11. BIRTHPLACE (State or foreign country) <u>Cascade Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Artemus Russell</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Bunting</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Nellie Russell</u> ADDRESS <u>Fairfax Mo.</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, 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) <u>Myocardial infarction</u>				DUE TO (b) <u>Bronchi pneumonia</u>				<u>5 min.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____				<u>3 days</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 <u>491 X</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>May 1, 1954</u> , to <u>Sept. 8, 1954</u> , that I last saw the deceased alive on <u>Sept 8, 1954</u> , and that death occurred at <u>9:00 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>James L. Coffey M.D.</u>				23b. ADDRESS <u>Fairfax Mo.</u>		23c. DATE SIGNED <u>9/10/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 10, 1954</u>		24c. NAME OF CEMETERY <u>English Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Fairfax Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Sept 10, 1954</u>		REGISTRAR'S SIGNATURE <u>Tharvin N. Schaefer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schooler Funeral Home</u> ADDRESS <u>Fairfax, Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Marvin H. Schoole*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4162*

P. O. Address *Fairfax, Miss*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.