No. 300
10.48

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

FILED NOV 4 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34906

BIRTH NO. _____ REG. DIST. NO. 28 ✓ PRIMARY REG. DIST. NO. 566 Registrar's No. 65

0830 1

1. PLACE OF DEATH
a. COUNTY: Platte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Waldron.
c. LENGTH OF STAY (In this place): 34 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): P.O. Waldron.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Platte
c. CITY OR TOWN: Waldron.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): none. P.O. 0830

3. NAME OF DECEASED (Type or Print)
a. (First): Henrietta
b. (Middle): Josephine
c. (Last): Russell.

4. DATE OF DEATH (Month) Oct (Day) 25. (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct 21. 1871
9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife.
10b. KIND OF BUSINESS OR INDUSTRY: home.
11. BIRTHPLACE (City and State or Foreign Country): Plymouth, Kan.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Truggett C. Butner
13b. MOTHER'S MAIDEN NAME: Adelia Monahan
14. NAME OF HUSBAND OR WIFE: Albert Russell.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Albert Russell. ADDRESS: Waldron, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Septic ulcer — 5 years

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: 5400
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1, 1954 *to* Oct 25, 1954, *that I last saw the deceased alive on* Oct 25, 1954, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. C. Thurman (Degree or title): M. D.
23b. ADDRESS: 11 E 1st, Parkville Mo
23c. DATE SIGNED: 10/27-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 27-54
24c. NAME OF CEMETERY OR CREMATORY: Sugar Creek
24d. LOCATION (City, town, or county) (State): Rushville Mo.

DATE REC'D BY LOCAL REG.: 10. 27-54
REGISTRAR'S SIGNATURE: Ophia Rollins 257
25. FUNERAL DIRECTOR'S SIGNATURE: Leland H. Francis
ADDRESS: Parkville Mo

(Licensed Embalmer's Statement on Reverse Side)

FEB 3 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leland H. Francis

Licensed Embalmer No. 345

P. O. Address Parkville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.