

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8043**

FILED APR 4 1955

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5551 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>ELLSWORTH</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Howell Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELLSWORTH</u>	
c. LENGTH OF STAY (in this place) <u>7 days.</u>		d. STREET ADDRESS (If rural, give location) <u>375 8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mrs. Mrs. MARVIN MORRISON</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DANIEL</u> b. (Middle) <u>LOYD</u> c. (Last) <u>RUSSELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 28, 1955</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u>	8. DATE OF BIRTH <u>OCT. 8, 1954</u>	9. AGE (In years last birthday) <u>5</u>	IF UNDER 1 YEAR Days <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>ELLSWORTH, KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>PAUL E. RUSSELL</u>	13b. MOTHER'S MAIDEN NAME <u>NORMA L. MORRISON</u>	14. NAME OF HUSBAND OR WIFE _____
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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>Mrs. P.E. RUSSELL, ELLSWORTH, KANS.</u>	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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medical Certification</u> <u>Perniciou Anemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 Mon</u>
	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.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) <u>2900</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. C. Duncan</u>	(Degree or title) <u>Coroner Mountain View Mo.</u>	23b. ADDRESS _____	23c. DATE SIGNED <u>3-29-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAR 29, '55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HOWELL VALLEY CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>HOWELL CO., MO.</u>
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DATE REC'D BY LOCAL REG. <u>3-30-55</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	379	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hal Shawburgh</u>	ADDRESS _____
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WRITE PLAINLY--USING UNFADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Hal Rowenough

Licensed Embalmer No. *3408*

P. O. Address *(W) Plains, 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.