

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9287

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4461 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Bismarck</u>)		c. LENGTH OF STAY (in this place) <u>5yrs.</u>	c. CITY OR TOWN <u>Bismarck</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>0948</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Armanda</u>	b. (Middle) <u>Russell</u>	c. (Last) <u>Russell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 16. 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 25, 1876</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>21</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hoves Mill, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John N. Parker</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Dennison</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charley Russell</u> ADDRESS <u>Bellview, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CIRCULATORY FAILURE</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>3da.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Pulmonary Congestion</u>		
	DUE TO (c) <u>CHRONIC CHOLECYSTITIS</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>CHOLELITHIASIS</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 I attended the deceased from Jan 19 55 to MARCH 16, 1955, that I last saw the deceased alive on MARCH 15 1955, and that death occurred at 8:00 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Marion L. Eube</u>	23b. ADDRESS <u>D.O. 2 Farmington, Missouri</u>	23c. DATE SIGNED <u>3-24-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 18, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Salem, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Mar 24, 1955</u>	REGISTRAR'S SIGNATURE <u>Eather Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Shipman & Sons</u> ADDRESS <u>Bismarck, Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0948

~~STATEMENT BY LICENSED EMBALMER~~
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 *John V. Shipman*

Licensed Embalmer No. 4881

P. O. Address Bismarck, Miss

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.