

FILED JAN 11 1956

STANDARD CERTIFICATE OF DEATH

State File No. 40859

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5543

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1917 Brooklyn		d. STREET ADDRESS (If rural, give location) 1917 Brooklyn	
3. NAME OF DECEASED (Type or Print) a. (First) Addie		b. (Middle) _____ c. (Last) Russell	
4. DATE OF DEATH (Month) (Day) (Year) 12, 18, 55		5. SEX 3 Female	
6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 1870		9. AGE (In years last birthday) 85	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) Millogeville Ga.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Solomon Lushoy		13b. MOTHER'S MAIDEN NAME Lora	
14. NAME OF HUSBAND OR WIFE Geo. Russell		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Ethel Pickett ADDRESS 1917 Brooklyn	
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease 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"/>		443 X	
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) _____	
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 Dec. 10, 1955, to Dec. 18, 1955, that I last saw the deceased alive on Dec. 18, 1955, and that death occurred at 4:00 A.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) D George H. Taft, M.D.		23b. ADDRESS 2204 E. 18th St.	
23c. DATE SIGNED 12/19/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 12/21/55		24c. NAME OF CEMETERY OR CREMATORY Highland	
24d. LOCATION (City, town, or county) (State) K.C. Jackson Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bailey Funeral Home K.C. Kansas	
DATE REC'D BY LOCAL REG. 12-20-55		REGISTRAR'S SIGNATURE Neva Minshall	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
George H. Taft

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 Jamie L. Meed

Licensed Embalmer No. 3818

P. O. Address Amias City 27, 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.