

FILED APR 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

10005

BIRTH NO.		REG. DIST. NO. <u>270</u>	PRIMARY REG. DIST. NO. <u>3050</u>	Registrar's No. <u>34</u>
1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pemiscot		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caruthersville		c. LENGTH OF STAY (in this place) 30 Yrs.	c. CITY OR TOWN Caruthersville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1318 Vest Avenue		e. STREET ADDRESS (If rural, give location) 1318 Vest Avenue		
3. NAME OF DECEASED (Type or Print) James		a. (First)	b. (Middle) Russell	c. (Last)
4. DATE OF DEATH March 20, 1956		5. SEX Male		
6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH January 20 '84
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cafe Operator		11. BIRTHPLACE (City and State or Foreign Country) Sardis, Mississippi
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Cafe		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Major Russell		13b. MOTHER'S MAIDEN NAME Susie Moton		14. NAME OF HUSBAND OR WIFE Vernia Mays Russell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Vernia Russell
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 8 hrs
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		undeter
		DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left Hemiplegia		8 hrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331x		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)		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>19 March, 1956</u> , to <u>20 Mar, 1956</u> , that I last saw the deceased alive on <u>20 Mar, 1956</u> , and that death occurred at <u>5:55 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS Caruthersville, Mo		23c. DATE SIGNED 23 Mar 56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 25 '56		24c. NAME OF CEMETERY OR CREMATORY Morgan Ridge Cemetery
		24d. LOCATION (City, town, or county) (State) Caruthersville, Missouri		
DATE REC'D BY LOCAL REG 3-27-1956		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE H. S. Smith
				ADDRESS Funeral Home, C'ville

(Licensed Embalmer's Statement on Reverse Side)

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

47-0

4-9-56

APR 7 1956

EMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *W. Dewey Fike*

Licensed Embalmer No. *4489*

P. O. Address *Caruthersville*

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