

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 23 1956

12037

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>328</u>		PRIMARY REG. DIST. NO. <u>3073</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>			
b. CITY OR TOWN <u>CHAFFEE</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>CHAFFEE</u>		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 <u>426 BLACK</u>				STREET ADDRESS (If rural, give location) <u>426 BLACK 100/0</u>			
3. NAME OF DECEASED (Type or Print) <u>HENRY THOMAS RUSSELL</u>			5. SEX <u>M</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 11 1956</u>	
a. (First)		b. (Middle)		c. (Last)			
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>JULY 26 1876</u>		9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>15</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PILE DRIVER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ATHENS TENN</u>		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>	
13a. FATHER'S NAME <u>JAMES B. RUSSELL</u>		13b. MOTHER'S MAIDEN NAME <u>MARY STEPP</u>		14. NAME OF HUSBAND OR WIFE <u>JESSICA RUSSELL</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>702-03-8213</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. H. Z. Russell CHAFFEE MO.</u>			
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>Acute Pulmonary Edema.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>myocardiosis</u> <u>phlebitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 hrs.</u> <u>5 days</u> <u>20 yrs.</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Chaffee Scott mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none.</u>			
22. I hereby certify that I attended the deceased from <u>Sept 19, 1955</u> , to <u>March 11, 1956</u> , that I last saw the deceased alive on <u>March 11, 1956</u> , and that death occurred at <u>12:15 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Halter H. Helmiger D.O.</u>				23b. ADDRESS <u>Chaffee Missouri</u>		23c. DATE SIGNED <u>3/12/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B.</u>		24b. DATE <u>3-13-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>UNION PARK GEN. CHAFFEE MO.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>3-14-56</u>		REGISTRAR'S SIGNATURE <u>Thos Paul Bragley, Reg.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. M. Stubbs CHAFFEE MO.</u>			

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

DATE RECEIVED MAY 19 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 356-64

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 Eugene L. Stubbs, Student Embalmer No. 52 working under my personal supervision.

Student Eugene L. Stubbs
Signature of Student Embalmer

Signed C. J. Lorberg
Licensed Embalmer No. 38
P. O. Address Cape Girardeau

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