

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15303

State File No.

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6198 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>TEXAS</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TYRONE</u>		c. LENGTH OF STAY (in this place) <u>16 mos.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TYRONE</u>		d. STREET ADDRESS (If rural, give location) <u>1670-c</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>RUSSELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-22-56</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>11-10-1866</u>		9. AGE (in years last birthday) <u>89</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 11 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>CAMPBELLVILLE, KY.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>JOHN E. RUSSELL</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH NEWTON</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Richard Russell, Tyrone, 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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331x</u>			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) (Min.)		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>April 21, 1956</u> , to <u>Apr 22, 1956</u> , that I last saw the deceased alive on <u>April 22, 1956</u> , and that death occurred at <u>3:20 p. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>H. L. Russell D.O.</u>			23b. ADDRESS <u>Calool, Mo</u>		23c. DATE SIGNED <u>4/24/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-24-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>TYRONE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>TEXAS CO., MO.</u>
DATE REC'D BY LOCAL REG. <u>4-30</u>		REGISTRAR'S SIGNATURE <u>Gunnell Cunningham</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Elliott - Centy, Calool, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

James L. Gentry

Licensed Embalmer No. *47187*

P. O. Address

Calhoun, 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 this body is not embalmed, fact should be so stated above.