

FILED JUN 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16741**BIRTH NO. _____ REG. DIST. NO. **150** PRIMARY REG. DIST. NO. **24240** Registrar's No. **85**

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blue Springs		c. LENGTH OF STAY (In this place) 20yrs	c. CITY OR TOWN Blue Springs		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 West Vesper Street			e. STREET ADDRESS (If rural, give location) West Vesper Street		
3. NAME OF DECEASED (Type or Print) a. (First) Earl b. (Middle) R c. (Last) Russell			4. DATE OF DEATH (Month) (Day) (Year) May 11 1956		
5. SEX M	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 28 1938	9. AGE (To years last birthday) 58	IF UNDER 1 YEAR Months Days 58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Water Supt City Blue Springs Mo	10b. KIND OF BUSINESS OR INDUSTRY Blue Springs Mo	11. BIRTHPLACE (City and State or Foreign Country) Cameron Mo		12. CITIZEN OF WHAT COUNTRY? usa	
13a. FATHER'S NAME John Russell		13b. MOTHER'S MAIDEN NAME Cora Gearhart		14. NAME OF HUSBAND OR WIFE Ruby Russell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Res #1		16. SOCIAL SECURITY NO. 493-22-7393	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruby Russell Blue Springs Mo		
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac & Respiratory Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Massive Cerebral Hemorrhage DUE TO (c) Hypertension 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 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) (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 May 10, 1956 , to May 11, 1956 , that I last saw the deceased alive on May 11, 1956 , and that death occurred at 8:00 AM. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) James H. Via, D.O.			23b. ADDRESS Blue Springs, Mo		23c. DATE SIGNED 5-11-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 13 1956	24c. NAME OF CEMETERY OR CREMATORY Prarie Ridge Cem		24d. LOCATION (City, town, or county) (State) Polo H F D. Mo	
DATE REC'D BY LOCAL REG. 5/13/56	REGISTRAR'S SIGNATURE J. O. Kingsford		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Webb Funeral home Blue Springs Mo Rowden		

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

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MAR 19 1957

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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.....

R B Webb

Licensed Embalmer No. 233

P. O. Address Blue Sp...

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.