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FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12336

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4421 Registrar's No. 84

1. PLACE OF DEATH
a. COUNTY: Platte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parkville / City
c. LENGTH OF STAY (in this place): 60 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 28 Mill Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Mo
b. COUNTY: Platte 0830
c. CITY OR TOWN: Parkville
d. Is Residence within limits of a city or incorporated town? Yes X No ☐ 0
e. STREET ADDRESS (If rural, give location): 28 Mill Street

3. NAME OF DECEASED (Type or Print)
a. (First): Albert
b. (Middle): none
c. (Last): Russell

4. DATE OF DEATH (Month) (Day) (Year): May 9 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 13 1874
9. AGE (In years last birthday): 82 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work most of working life, even if retired): Retired R.R. Worker
10b. KIND OF BUSINESS OR INDUSTRY: Section
11. BIRTHPLACE (City and State or Foreign Country): Quitman Mo
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Alec Russell
13b. MOTHER'S MAIDEN NAME: Delilah Sharp
14. NAME OF HUSBAND OR WIFE: Henrietta Butner Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Fred Russell
ADDRESS: Parkville

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): Pemphigus — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

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: 704
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-14, 19 54 *to* May 9, 1956, *that I last saw the deceased alive on* May 9, 1956, *and that death occurred at* 2 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. C. Thurman
(Degree or title): MD
23b. ADDRESS: 112 E 1st Parkville Mo
23c. DATE SIGNED: 5-11-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 11-56
24c. NAME OF CEMETERY OR CREMATORY: Sugar Creek
24d. LOCATION (City, town, or county) (State): Rushville Mo

DATE REC'D BY LOCAL REG.: May 11-56
REGISTRAR'S SIGNATURE: Ophia Rollins
25. FUNERAL DIRECTOR'S SIGNATURE: Leland G. Francis
ADDRESS: Parkville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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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 em

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leland H. Franc

Licensed Embalmer No. 34

P. O. Add Parkville

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.