

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

23288

State File No. _____

FILED AUG 13 1956

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 35

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)	
a. COUNTY <u>FRANKLIN</u>		a. STATE <u>MO.</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN</u>		c. CITY OR TOWN <u>SULLIVAN</u>	
c. LENGTH OF STAY (In this place) <u>40 YRS.</u>		d. In 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>36 HUGHES FORD RD.</u>		f. STREET ADDRESS (If rural, give location) <u>36 HUGHES FORD RD.</u>	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) <u>GEORGE</u>	b. (Middle) <u>LITTLE</u>	c. (Last) <u>RUSSELL</u>	(Month) <u>AUG</u>	(Day) <u>3</u>	(Year) <u>1956</u>

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 14, 1867</u>	9. AGE (In years last birthday) <u>89</u>	if UNDER 1 YEAR	if UNDER 24 HRS.
					Months <u>2</u>	Days <u>19</u>

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 <u>FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ONE ELM, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOSEPH D. RUSSELL</u>	13b. MOTHER'S MAIDEN NAME <u>CAROLINE LITTLE</u>	14. NAME OF HUSBAND OR WIFE <u>ALICE BAKER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ALICE RUSSELL SULLIVAN</u>	ADDRESS <u>MO.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c)		
11. 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 <u>4500</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 8-1, 1956, to 8-3, 1956 that I last saw the deceased alive on 8-1, 1956 and that death occurred at 1:10 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. E. Carnahan MD</u>	23b. ADDRESS <u>Bourbon, Mo</u>	23c. DATE SIGNED <u>8-3-56</u>
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24a. BURIAL - CREMATION - REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>AUG 4, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>SULLIVAN MO.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 3-1956</u>	REGISTRAR'S SIGNATURE <u>Thomas A. Humphrey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Eaton</u>	ADDRESS <u>Sullivan, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

300
40

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 me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. A. Humphrey.....

Licensed Embalmer No. 477..

P. O. Address Bedford..

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.