

STANDARD CERTIFICATE OF DEATH

State File No. **9816**

FILED MAR 19 1957

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Francois Twp.		c. CITY OR TOWN Winona	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 11y, 7m, 7d		e. STREET ADDRESS (If rural, give location) 1010	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #4			

3. NAME OF DECEASED (Type or Print) LELAND RUSSELL			4. DATE OF DEATH (Month) (Day) (Year) Mar. 4, 1957		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	
8. DATE OF BIRTH Mar. 8, 1912		9. AGE (In years last birthday) 44		10. IF UNDER 1 YEAR Months 11 Days 26 IF UNDER 1 HR. Hours Mins. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and State or Foreign Country) Winona, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME James W. Russell		13b. MOTHER'S MAIDEN NAME Amelia Brandon		14. NAME OF HUSBAND OR WIFE ---	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 500-10-3914		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records, State Hospital #4, Farmington, Mo.	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion - - - - - instantaneously.		DUE TO (b) Coronary Sclerosis - - - - -			Unknown.	
*This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Dementia Praecox Psychosis and Diabetes Mellitus.		Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201			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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **February 15, 1957 to Mar. 4, 1957**, that I last saw the deceased alive on **March 4, 1957**, and that death occurred at **1:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. A. Brennan, M.D.		23b. ADDRESS State Hospital No. 4, Farmington, Mo.		23c. DATE SIGNED 3-4-57.	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 7, 1957		24c. NAME OF CEMETERY OR CREMATORY Old Baptist Cemetery		24d. LOCATION (City, town, or county) (State) Winona, Missouri.	
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DATE REC'D BY LOCAL REG. Mar. 4, 1957		REGISTRAR'S SIGNATURE Esther Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeral Home, Mountain View, Mo.	
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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 embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4084

P. O. Address _____

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.