

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 027633
STATE FILE NUMBER

FILED SEP 6 1957

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 525

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff <i>Charmon</i>		Inside Limits OR TOWN Poplar Bluff Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Poplar Bluff		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION Clarks Nursing Home			Length of stay in hospital 10 days	d. STREET ADDRESS Rt-4 (If outside, give location)	
3. NAME OF DECEASED (Type or print) ROBERT TAYLOR RUSSELL			4. DATE OF DEATH August 17, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 17, 1892	
9. AGE (In years last birthday) 65			IF UNDER 1 YEAR Months 4 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timberman		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Butler Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Elizah Russell			14. MOTHER'S MAIDEN NAME Elsie Wisecarver		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 498-01-1476	17. INFORMANT T. S. Russell Address Poplar Bluff, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Spinal Cord Compression Compressed fracture of vertebral dated porosis of vertebral Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 10:05 AM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Marvin R. Barber (Typed or title)			22b. ADDRESS Poplar Bluff, Mo.		22c. DATE SIGNED 8-20-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/19/57	23c. NAME OF CEMETERY OR CREMATORY Black Creek	23d. LOCATION (City, town, or county) (State) Butler County, Missouri		
24. FUNERAL DIRECTOR Russell-Ermert ADDRESS Corning, Ark.		25. DATE RECD. BY LOCAL REG. 8/31/57	26. REGISTRAR'S SIGNATURE [Signature]		

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I, must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED

SEP 3 - 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

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 *Lester D. Russell*

Licensed Embalmer No. *38*

P. O. Address *Ashtabula*

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.