pt. Health,
c., & Welfare
S. Public
lth Service

V. S. 300
ev. 1-57

FILED NOV 19 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41506

STATE FILE NUMBER

Registration District No. 282 Primary Registration District No. 5971 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY Polk	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Polk
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Bolivar — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Bolivar 084 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1 mi. E. Bolivar — Length of stay in 1b Yrs	d. STREET ADDRESS (If outside, give location) 1 Mi. E. Bolivar — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First ETHEL Middle LYNN Last RUSSELL		4. DATE OF DEATH Month Day Year Nov. 10, 1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH Dec. 2, 1898
9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 11 Days 8	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Near Bolivar, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Thomas Bert Russell	13b. MOTHER'S MAIDEN NAME Anna Belle Calloway	14. NAME OF HUSBAND OR WIFE Ossie Andrews	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 497224999	17. INFORMANT Walter S. Russell Sr. Bolivar, Mo. Address	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Circulatory Failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis

DUE TO (c) 4201

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1952, to Nov. 10, 1957 and last saw him alive on Nov. 10, 1957

Death occurred at 1:00p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. H. Lumbrun DDS	22b. ADDRESS Bolivar Mo.	22c. DATE SIGNED 11-12-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-13-57	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery
23d. LOCATION (City, town, or county) (State) Bolivar, Mo.		
24. FUNERAL DIRECTOR ADDRESS Erwin & Blue, Bolivar, Mo.	25. DATE RECD. BY LOCAL REG. Nov 13, 1957	26. REGISTRAR'S SIGNATURE Ralph Gardner per Jewell Gardner

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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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 Marshall C. Blackwell

Licensed Embalmer No. 4713

P. O. Address Bolivar, Mo

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.