

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017559

STATE FILE NUMBER

FILED MAY 28 1958 Registration District No. 59 Primary Registration District No. 4095 Registrar's No. 65

S. 300
1-57

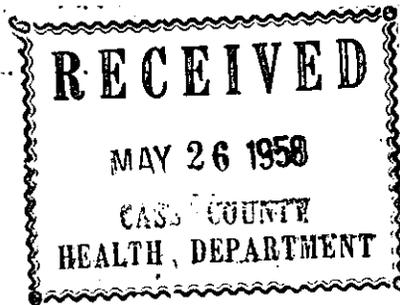
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1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Miami			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Drexel		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Sugar Creek Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dr.'s office		Length of stay in 1b 1 hour		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Roy Middle Curtis Last Russell				4. DATE OF DEATH Month May Day 14 Year 1958			
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 14, 1950		9. AGE (In years last birthday) 8	F UNDER 1 YEAR Months 8 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) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) Miami County, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Woodrow Russell			13b. MOTHER'S MAIDEN NAME Dorothy Reed		14. NAME OF HUSBAND OR WIFE none		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, year or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Dorothy Russell, Lacygne, Kans.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Status ashmatic DUE TO (b) Patient was seen by me May.2. Next day he was taken to Mercy Hosp. He returned home and I had not been called to see him anymore. Dr. Hartwell. DUE TO (c) 241X 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 12 days	
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 _____ a.m. _____ p.m. Month _____ Day _____ Year _____							
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 Drexel, Mo		COUNTY _____ STATE _____	
21. I attended the deceased from 7 on May 2, 1958 to _____ and last saw her alive on May 24, 1958 Death occurred at 11:30 p.m. May 14, 1958 m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) David Hartwell MD				22b. ADDRESS Drexel, Mo		22c. DATE SIGNED May 17-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-17-58	23c. NAME OF CEMETERY OR CREMATORY Jingo Cemetery		23d. LOCATION (City, town, or county) (State) Jingo, Kansas		
24. FUNERAL DIRECTOR ADDRESS Shild & White L. Pouching				25. DATE RECD. BY LOCAL REG. May 18, 1958		26. REGISTRAR'S SIGNATURE Dore Bernard	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 Gerald E. White

Licensed Embalmer No. 1956

P. O. Address Louisburg, Kansas

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.