pt. Health,
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S. Public
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v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-039595
STATE FILE NUMBER

FILED NOV 17 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1095

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN Springfield — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2940 W. Harrison — Length of stay in Hospital: Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2101 Boonville — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Margaret Middle: Belle Last: Russell

4. DATE OF DEATH Month Nov. Day 12 Year 1958

5. SEX Female 6. COLOR OR RACE White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH Feb. 11, 1893

9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook
10b. KIND OF BUSINESS OR INDUSTRY Drug Store
11. BIRTHPLACE (City and state or country) Greene County, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Horace B. Hankins
13b. MOTHER'S MAIDEN NAME Martha C. Vaughn
14. NAME OF HUSBAND OR WIFE (Dec.) James Albert Russell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ------
16. SOCIAL SECURITY NO. 490-28-2120
17. INFORMANT (Son) Address Lloyd Miller-Springfield, Missouri.

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) Metastatic carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Primary carcinoma of uterus
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 174X

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 Aug 10 '58 to Nov 8 58 and last saw her alive on Nov 8 58
Death occurred at 5:25 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wm H. Siloby M.D. (Degree or title)
22b. ADDRESS Springfield, Mo.
22c. DATE SIGNED 11-12-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-14-1958
23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
23d. LOCATION (City, town, or county) (State) Springfield, Missouri

24. FUNERAL DIRECTOR Rex Rainey — ADDRESS Springfield, Mo.
25. DATE RECD. BY LOCAL REG. 11-12-58
26. REGISTRAR'S SIGNATURE Effie E. Mellon

(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.

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 ---------- Signed [signature]

Signature of Student Embalmer

Licensed Embalmer No. 3312

P. O. Address Springfield, 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.