

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006097

STATE FILE NUMBER

FILED MAR 4 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 103

300
-57

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Joplin <i>c 49-5 c</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John		Length of stay in lb 49 years	d. STREET ADDRESS (If outside, give location) 214 1/2 Main Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Hobart R. Russell			4. DATE OF DEATH Month Day Year Feb. 15, 1959
5. SEX Male <i>o</i>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> -3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH March 16, 1899
9. AGE (In years) (at birthday) 60		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) City Sanitation Dept.		10b. KIND OF BUSINESS OR INDUSTRY Sanitation	11. BIRTHPLACE (City and state or country) Galena, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Thomas Russell	
13b. MOTHER'S MAIDEN NAME Sarah Wilson		14. NAME OF HUSBAND OR WIFE None	
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. 491-01-1913	17. INFORMANT Bert Russell Address Joplin, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>auricular fibrillation</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>arterio sclerotic heart dis</i> DUE TO (c) <i>420CH</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 to 3 days</i> <i>3</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <i>Gastric ulcer with probable malignancy</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 <i>1-20-59</i> to <i>2-15-59</i> and last saw ^{her} him alive on <i>2-15-59</i> Death occurred at <i>4:40 A.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. H. ...</i> (Degree or Title) <i>o</i>		22b. ADDRESS 302 Medical Arts Bldg Joplin, Mo.	22c. DATE SIGNED <i>2/26/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 19, 1959	23c. NAME OF CEMETERY OR CREMATORY Forest Park	23d. LOCATION (City, town, or county) (State) Joplin, Missouri
24. FUNERAL DIRECTOR Thornhill-Dillon Joplin, Missouri		25. DATE RECD. BY LOCAL REG. <i>2-27-1959</i>	26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED

MAR 7

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 *Robert C. Roller*

Licensed Embalmer No. *5062*

P. O. Address *Joplin, 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.