

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009896  
STATE FILE NUMBER

FILED APR 1 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 174

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>KANSAS</b> b. COUNTY <b>CHEROKEE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOPLIN</b>		c. CITY OR TOWN <b>GALENA</b> 8150 8	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. John's Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>R#1 (Riverton, Kan.)</b>	
Length of stay in 1b <b>3 days</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>HARRY BYRON RUSSUM</b>			4. DATE OF DEATH Month Day Year <b>MARCH 27 1959</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>4-3-1904</b>	9. AGE (In years, less birthday) <b>54</b>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Road Construction</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Road Const. Sup.</b>	11. BIRTHPLACE (City and state or country) <b>ERIE KANSAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>FRANK E. RUSSUM</b>	13b. MOTHER'S MAIDEN NAME <b>MARY MELVINA Smith</b>	14. NAME OF HUSBAND OR WIFE <b>Florence E. Russum</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>514 077571</b>	17. INFORMANT Address <b>Florence E. Russum Galena Kan. R#1</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Failure Acute</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Infarction Myocardial Anterior</b>	<b>72 hours</b>
	DUE TO (c) <b>Coronary Artery Disease</b>	<b>Indeterminate</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 <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
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21. I attended the deceased from **March 23 '59** to **March 27 '59** and last saw <sup>her</sup> him alive on **March 27, 1959**  
Death occurred at **13:30 A.M.** on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Paul H. Grubb M.D.</b>	22b. ADDRESS <b>Galena, Kansas</b>	22c. DATE SIGNED <b>3/27/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>3-30-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Chanute Memorial Park</b>	23d. LOCATION (City, town, or county) (State) <b>Chanute Kansas</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Ray L. Denselt Galena Kan.</b>	25. DATE RECD. BY LOCAL REG. <b>3-30-1959</b>	26. REGISTRAR'S SIGNATURE <b>Dove Merriam</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

MEDICAL CERTIFICATION.

Health, Welfare Public Service

300 -57

All diseases in Part I must be causally related.

APR 2 1959

JUN 26 1959

JUN 1 1959

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~~ ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Roy L. Derfelt* .....

Licensed Embalmer No. *4945* .....

P. O. Address *Salina 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.