

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014601

STATE FILE NUMBER

FILED APR 29 1959

Registration District No.

316

Primary Registration District No.

Registrar's No.

157

300
1-57

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Braggadocio
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital # 4		Length of stay in lb 17 Y, 8M, 10 days	d. STREET ADDRESS Yankin

3. NAME OF DECEASED (Type or print) First Middle Last WILLIE Ann RUSSELL			4. DATE OF DEATH Month Day Year April 1, 1959		
5. SEX female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH September 9, 1881		9. AGE (In years last birthday) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Mitch Mackey		13b. MOTHER'S MAIDEN NAME Sarah Anders		14. NAME OF HUSBAND OR WIFE Bob Russell	
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.	17. INFORMANT Address Records- State Hospital #1 - Farmington Mo		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertensive C.V.R disease		10 years
	DUE TO (c) Psychosis with arteriosclerosis		years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none			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.) none	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. none			

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.) none	20f. CITY, TOWN, OR LOCATION STATE
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21. I attended the deceased from **intermittently since 1953 to --** and last saw her **alive on 4-1-59**
Death occurred at **at 9:30 P.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>John A. Brennan, M.D.</i> (Degree or title)	22b. ADDRESS State Hospital # 4 - Farmington Mo.	22c. DATE SIGNED 4-1-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-3-59	23c. NAME OF CEMETERY OR CREMATORY Little Prairie Cemetery	23d. LOCATION (City, town, or county) (State) Caruthersville, Mo.
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24. FUNERAL DIRECTOR Landess Funeral Home, Campbell, Mo.	25. DATE RECD. BY LOCAL REG. april 21, 1959	26. REGISTRAR'S SIGNATURE <i>Ethel Rudloff</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, coroner, and registrar use only standard nomenclature in item 18. No symptoms with or without.

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
Signature of Student Embalmer

Signed *C. J. Cream*

Licensed Embalmer No. *409*

P. O. Address *Ferrington*

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.