

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018573

FILED JUN 1 1959 Registration District No. 257 Primary Registration District No. 43914 STATE FILE NUMBER 71 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY Osage		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Meta		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Meta
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in 1b 076 0	d. STREET ADDRESS 0 (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) Charles George Russler			4. DATE OF DEATH Month Day Year May 25, 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 9, 1881	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) telegraph operator	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Woolan, Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frederick Russler	13b. MOTHER'S MAIDEN NAME Caroline Brandenburger	14. NAME OF HUSBAND OR WIFE Mamie Russler
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT Address Mamie Russler Meta, Mo
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cardiac arrest		minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Infarction of the myocardium	minutes
	DUE TO (c) Arteriosclerotic heart disease	2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4 200		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.)
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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 2/18/57 to 5.9.59 and last saw ^{her} _{him} alive on 5.9.59 Death occurred at 4:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John J. Hawthorn, MD (Degree or title)	22b. ADDRESS 302 Bolivar, Jefferson City	22c. DATE SIGNED 5/27/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/28/59	23c. NAME OF CEMETERY OR CREMATORY Owensville	23d. LOCATION (City, town, or county) (State) Owensville, Mo
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24. FUNERAL DIRECTOR'S ADDRESS Hedges Funeral Homes Iberia, Mo	25. DATE RECD. BY LOCAL REG. 5/28/59	26. REGISTRAR'S SIGNATURE Mrs. Clyde Martin
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

DO NOT WRITE IN THESE SPACES

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 *Walter P. Hedges*

Licensed Embalmer No. *1426*
P. O. Address *Meriden, Conn.*

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.