

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024953

FILED VS AUG 3 1959

Registration District No. 145 Primary Registration District No. 5566 Registrar's No. _____

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kaolin		Length of stay in 1b 9 mo.		c. CITY OR TOWN Ironton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Belleview Nursing Home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 404 W Wayne		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last SARAH FRANCES RUSSELL				4. DATE OF DEATH Month Day Year July 27 1959				
5. SEX fem	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-12-1863	9. AGE (last birthday) 96	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Ironton Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Cyrus Russell			13b. MOTHER'S MAIDEN NAME Delia Clark			14. NAME OF HUSBAND OR WIFE ##		
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. no		17. INFORMANT Address Mrs. L. A. Delano, Ironton 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) Hypertensive cardiovascular disease.							INTERVAL BETWEEN ONSET AND DEATH 2 years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) _____		DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from <u>7-8-57</u> , to <u>7-27-59</u> and last saw her/him alive on <u>7-21-59</u> Death occurred at <u>7:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Marvin C. Munn M.D.</i>				22b. ADDRESS 109 N. Main, Ironton, Missouri			22c. DATE SIGNED 7-30-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7-31-59	23c. NAME OF CEMETERY OR CREMATORY Russell Cemetery		23d. LOCATION (City, town, or county) Ironton Mo.		(State)		
24. FUNERAL DIRECTOR <i>ANCEL J. WHITE</i> White Funeral Home, Ironton Mo.				25. DATE RECD. BY LOCAL REG. July 31 - 1959		26. REGISTRAR'S SIGNATURE <i>Mrs Elizabeth Logan</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Rachel J. White*

Licensed Embalmer No. 3012

P. O. Address *Orvinton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.