

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041157

STATE FILE NUMBER

FILED VS. DEC 15 1959 270 Primary Registration District No. 3050 Registrar's No. 75

UNRECORDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Pemiscot		b. CITY (If outside corporate limits, give TOWNSHIP only) Caruthersville		a. STATE Missouri		b. COUNTY Pemiscot	
Length of stay in 1b 22 Yrs.		c. CITY OR TOWN Caruthersville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 309 E. 7th. Street	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 309 E. 7th. St.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			Month Day Year	
First Middle Last Hugh Abner Russom			November 27, 1959				
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 1/12/76	9. AGE (last birthday) 83	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) Farmer-Retired		10b. KIND OF BUSINESS OR INDUSTRY Farmer-Renter		11. BIRTHPLACE (City and state or country) Hardin County Tenn.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Isaac D. Russom			13b. MOTHER'S MAIDEN NAME Francis C. Wilson			14. NAME OF HUSBAND OR WIFE Nicy Ann Aldredge	
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. None		17. INFORMANT Mrs. Nicy Russom Caruthersville, Mo.			
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) Uremia							2 wks
DUE TO (b) Arteriosclerotic Heart Disease							years
DUE TO (c) Hypertension - Arteriosclerosis							15 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral Hemorrhage 10 months ago							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 a.m. p.m. Month, Day, Year							
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 March 10 1959 to Nov 26 1959 and last saw him alive on Nov 26 1959		Death occurred at 5 P. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Jay A. Cranan D.O.			22b. ADDRESS Caruthersville Mo			22c. DATE SIGNED 12-3-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 29, 1959	23c. NAME OF CEMETERY OR CREMATORY Maple Cemetery		23d. LOCATION (City, town, or county) (State) Caruthersville, Missouri		
24. FUNERAL DIRECTOR H.S. Smith Funeral Home - C'ville, Mo.			25. DATE RECD. BY LOCAL REG. 12-4-59		26. REGISTRAR'S SIGNATURE Jessie B. Wilke		

(Licensed Embalmer's Statement on Reverse Side)

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. Denver Fike

Licensed Embalmer No. 4484

P. O. Address Caputhersville

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.