

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019368

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 159 Primary Registration District No. 5591 Registrar's No. 18

FILED MAY 31 1962

VS 300  
Rev. 4/59

1.500  
2.500

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4	1
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9	<u>9446X</u>
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12	<u>90-0</u>
13	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>HILLSBORO</b>		c. CITY OR TOWN <b>HILLSBORO</b>	
Length of stay in lb		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Box 85 ROUTE 1</b>		d. STREET ADDRESS (If outside, give location) <b>Box 85 ROUTE 1</b>	
3. NAME OF DECEASED (Type or print) First <b>DORA</b> Middle <b>C</b> Last <b>RUSSELL</b>		4. DATE OF DEATH Month <b>MAY</b> Day <b>14</b> Year <b>1962</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>DEC 23 1876</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WORK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>	9. AGE (last birthday) <b>85</b>
13a. FATHER'S NAME <b>GEORGE WERLEY</b>		13b. MOTHER'S MAIDEN NAME <b>MARY METZGER</b>	12. CITIZEN OF WHAT COUNTRY <b>MISSOURI U-S-A</b>
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>NONE</b>	17. INFORMANT <b>GEORGE RUSSELL RT #2 WATERLOO ILL</b>
14. NAME OF HUSBAND OR WIFE <b>JOHN T RUSSELL</b>		Address	
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>Generalized arterio-sclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>years</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cerebrovascular &amp; cerebral sclerosis.</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) <b>Chronic brain syndrome</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.) <b>no</b>	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <b>Jan 24, 1961</b> to <b>May 14, 1962</b> and last saw her <sup>her</sup> alive on <b>May 14, 1962</b> Death occurred at <b>7:40 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Paul V. ... M.D.</b>		22b. ADDRESS <b>Desoto, MO.</b>	22c. DATE SIGNED <b>May 1962</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>MAY 17 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>NEW ST MARCUS CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO.</b>
24. FUNERAL DIRECTOR <b>Thomas Kutis 2906 Gravoie</b>		25. DATE RECD. BY LOCAL REG. <b>5-16-62</b>	26. REGISTRAR'S SIGNATURE <b>Oliver ...</b>

7967 2 NOV 58

Mr. McHenry  
3-3-

**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 Barley Thompson, Jr.

Licensed Embalmer No. 4861

P. O. Address Blayton 5, Mo.

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.