MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

62-039204

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 533

FILED OCT 29 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0499
2 0499
3
4 1
5 2
6
7 1
8 0
9 1538
10
11
12 90-0
13 2-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin
Length of stay in 1b: 30 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1305 Roosevelt Ave. Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Joplin Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1305 Roosevelt Ave. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Mollie Middle: Last: Russell
4. DATE OF DEATH Month: October Day: 23 Year: 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12-25-1872
9. AGE (last birthday): 89
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Peoria, Illinois
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Fred Russell
13b. MOTHER'S MAIDEN NAME: Molly Maryman
14. NAME OF HUSBAND OR WIFE: Ray Russell, DECD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unk
17. INFORMANT: Address: Mrs. James Meador, 1305 Roosevelt Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of colon with metastases to liver. — INTERVAL BETWEEN ONSET AND DEATH: 18 Months
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 _____, to 10-23-62 and last saw her/him alive on 10-20-62
Death occurred at 11:45 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E H Hamilton MD (Degree or title)
22b. ADDRESS E. H. HAMILTON, M. D. ROOM 302 MEDICAL ARTS BLDG. 25th & Jackson Joplin, Mo.
22c. DATE SIGNED 10-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-26-1962
23c. NAME OF CEMETERY OR CREMATORY: Forest Park Cemetery,
23d. LOCATION (City, town, or county): Joplin, (State) Missouri

24. FUNERAL DIRECTOR: STEVE PARKER MORTUARY, JOPLIN, MISSOURI
ADDRESS
25. DATE RECD. BY LOCAL REG.: 10-26-1962
26. REGISTRAR'S SIGNATURE: Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

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 Harry E Turner

Licensed Embalmer No. 4413

P. O. Address Joplin 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.

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12 70-C
13 2-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2			7-18-95
11	Nokomis, Illinois	Peoria, Illinois	7-18-95
13a	James Nicholas Merriman	Fred Russell	7-18-95
13b	Rosella McPhail	Molly Maryman	7-18-95
14	Fred M. Russell	Ray Russell	7-18-95

BY AFFIDAVIT OF Granddaughter of Decease from 1929 for Marriage License. DOCUMENT AFF. of decease from Vital Statistics

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a. COUNTY Jasper
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10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Nokomis, ~~Peoria,~~ Illinois
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME James Nicholas Merriman ~~Fred Russell~~
13b. MOTHER'S MAIDEN NAME Rosella McPhail ~~Molly Maryman~~
14. NAME OF HUSBAND OR WIFE Fred M. ~~Ray~~ Russell, DECD
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22c. DATE SIGNED 10-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-26-1962
23c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery,
23d. LOCATION (City, town, or county) Joplin, Missouri (State)

24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MISSOURI (Address)
25. DATE RECD. BY LOCAL REG. 10-26-1962
26. REGISTRAR'S SIGNATURE Dovie Merriam

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