

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005734

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 654 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED FEB 18 1963

VS 300
Rev. 4/59

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281502

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Missouri		Length of stay in 1b Min.	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Municipal Airport		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 735 Osage Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Richard Middle N. Last Russell			4. DATE OF DEATH Month 1-29-63 Day Year
5. SEX Male	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 11-14-30
9. AGE (last birthday) 32		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) Motorcycle Patrolman		10b. KIND OF BUSINESS OR INDUSTRY Police Dept.	11. BIRTHPLACE (City and state or country) Kansas City, Kansas
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Elnor D. Russell	
13b. MOTHER'S MAIDEN NAME Bertha Rainwater		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Korea		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Elnor D. Russell, 735 Osage, K.C.K.		Address	
18. CAUSE OF DEATH (Enter only one cause per line. Do not use "see above" or "see below") PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Injuries Multiple Extreme			INTERVAL BETWEEN ONSET AND DEATH Seconds
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 checked="" 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.) Airplane Accident	
20c. TIME OF INJURY Hour 10:45 p.m. Month, Day, Year Jan. 29-63			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Airport	20f. CITY, TOWN, OR LOCATION Kansas City	COUNTY Clay STATE Missouri
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____. Death occurred at 10:45 p.m. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Frank Mauldin Acting Coroner		22b. ADDRESS Courthouse Liberty Missouri	22c. DATE SIGNED 1-31-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-30-63	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) Kansas City, Kansas
24. FUNERAL DIRECTOR Kansas City Mortuary Service, 4316 Troost, K.C., Mo.		25. DATE RECD. BY LOCAL REG. 1-31-63	26. REGISTRAR'S SIGNATURE Ruth Long

USE BLACK INK OR TYPEWRITER RIBBON

Kansas City, Missouri
 Municipal Airport
 Richard M. Russell
 Male
 White
 Police Dept.
 Kansas City, Kansas
 U.S.A.
 Elmer D. Russell
 Kansas City, Missouri
 U.S.A.
 Yes
 No

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 Ernest D. Golden

Licensed Embalmer No. 9774

P. O. Address K.C. 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.

Kansas City Mortuary Service, Life Trust
 K.C. Mo.
 1-30-63