

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

222215

STATE FILE NUMBER 57022215

FILED JUL 9 1957

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Richmond rural</u>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Rayville</u> <u>Knaxville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ray County Memorial Hospital</u>			Length of stay in 1b <u>10 hours</u>		d. STREET ADDRESS <u>P.F. #1</u> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>EARL</u> Middle <u>(N)</u> Last <u>RUSSELL</u>				4. DATE OF DEATH Month <u>July</u> Day <u>1</u> Year <u>1957</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>February 11, 1898</u>		
9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>20</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>General farming</u>		11. BIRTHPLACE (City and state or country) <u>Knaxville Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.P.</u>	
13. FATHER'S NAME <u>Hamilton Russell</u>				14. MOTHER'S MAIDEN NAME <u>Louisa Ferguson</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>John Russell, Knaxville Missouri</u> 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) <u>Emphysema</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Bronchial asthma</u> DUE TO (c) <u>241X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u> <u>unknown</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART-I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>		
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 <u>Hour</u> , Month <u>Month</u> , Day <u>Day</u> , Year <u>Year</u> a. m. <u>a. m.</u> p. m. <u>p. m.</u>								
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>Jan 14, 1956</u> to <u>July 1, 1957</u> and last saw her alive on <u>7-1-57</u> Death occurred at <u>12:25 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>J. A. Crozier, M.D.</u>				22b. ADDRESS <u>Richmond, Mo</u>		22c. DATE SIGNED <u>7-3-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 3, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memory Gardens</u>		23d. LOCATION (City, town, or county) (State) <u>Richmond Missouri</u>		
24. FUNERAL DIRECTOR ADDRESS <u>QUEST-LIFE FUNERAL HOME RICHMOND MISSOURI</u>				25. DATE RECD. BY LOCAL REG. <u>7-3-1957</u>		26. REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>		

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(Licensed Embalmer's Statement on Reverse Side)

APR 14 1954

*[Handwritten initials]*

STATEMENT BY LICENSED EMBALMER

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

Student.....  
Signature of Student Embalmer

Signed *[Handwritten Signature]*  
Licensed Embalmer No. 40

P. O. Address *[Handwritten Address]*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.