

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39835

State File No.

No. 10.48

FILED DEC 4 1952

BIRTH NO.		REG. DIST. NO. <u>300</u>		PRIMARY REG. DIST. NO. <u>4449</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Reynolds</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ellington</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ellington</u>		<u>0903</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>own home</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>Jerome Be</u>		a. (First) <u>Jerome</u>		b. (Middle) <u>Be</u>		c. (Last) <u>Russell</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 24 52</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>April 4 1862</u>		9. AGE (in years last birthday) <u>90</u>		if UNDER 1 YEAR Months <u>7</u> Days <u>20</u>		if UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>lumberman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Timber</u>		11. BIRTHPLACE (State or foreign country) <u>Iron Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Silas Russell</u>		13b. MOTHER'S MAIDEN NAME <u>Conie Berryman</u>		14. NAME OF HUSBAND OR WIFE <u>Jennie Russell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jean Jordan Ellington Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Aortic Regurgitation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Aortic Regurgitation</u> DUE TO (c) <u>Palmer Pneumonia</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>several years</u> <u>3 days</u>	
18a. DATE OF OPERATION <u>Nov 19 52</u>		19b. MAJOR FINDINGS OF OPERATION <u>490X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21a. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 19 11:30</u>		21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>1941</u> , 1941, to <u>Nov 24</u> , 1952, that I last saw the deceased alive on <u>Nov 22</u> , 1952, and that death occurred at <u>4</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A. F. Bivins, M.D.</u>				23b. ADDRESS <u>Ellington, Mo.</u>		23c. DATE SIGNED <u>Nov 25 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-27-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ellington cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ellington Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12/4/52</u>		REGISTRAR'S SIGNATURE <u>Essie Evans</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. S. Knott</u>		ADDRESS <u>Ellington, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 1 1956

OCT 18 1956

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
Student Embalmer

Signed Charles S. Powell

Licensed Embalmer No. 4574

P. O. Address Edgington, N.C.

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 this body is not embalmed, fact should be so stated above.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No.

State of Missouri }
County of Reynolds } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No.

On this 26th day of October, 1956, before me appears

Nell Chitwood, who, upon her oath, states that the original record of birth death

for Jerry B. Russell, died Nov. 24th, 1952, 19... in the State of Missouri, and which was filed at Jefferson City, Missouri on 12/4/1952, should be corrected as follows:

Item No. 3 should read Jerome B. Russell

Instead of Jerry B. Russell

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant *Nell Chitwood* Daughter Relationship.

Present Address.

Subscribed and sworn to before me this 26th day of October, 1956.

My Commission expires 3/30/1957

[Signature]

Notary Public.

1. Affidavits containing erasures will not be accepted; draw one line through error and write above it.
2. An item already amended once by affidavit cannot be amended again by affidavit.
3. A surname is changed by court order or by adoption or legitimation procedures.

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