

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012940

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. Registrar's No. 135

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 9 1963

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
Rev. 4/59		
6940	INSTEAD OF	DOCUMENT
8940		
3		
4 1		
5 2		
6		
7 0		
8 2		
9443XF		
10		
11		
12-2	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
13-0		
	SHOULD READ	
	ITEM NO.	

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Farmington, Mo. RURAL</u>		c. CITY OR TOWN <u>Farmington</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Mineral Area Osteopathic</u>		d. STREET ADDRESS (If outside, give location) <u>Route 2</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Louella Russell</u>		4. DATE OF DEATH Month Day Year <u>April 1 1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/31/1887</u>
9. AGE (last birthday) <u>76</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>Near Farmington U.S.A.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Thomas Cunningham</u>	
13b. MOTHER'S MAIDEN NAME <u>Addie Orten</u>		14. NAME OF HUSBAND OR WIFE <u>Floyd 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 <u>Woodrow Hibbitts Farmington, Mo.</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>Ventricular Fibrillation</u>			INTERVAL BETWEEN ONSET AND DEATH <u> sudden</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerosis & senility</u>			<u> unknown</u>
DUE TO (c) <u>Hypertension</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) <u>Fracture of Left Hip 4 days</u>			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.) <u> </u>	
20c. TIME OF INJURY <u>11:04 a.m. Mar 27 63</u>	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.) <u>Cunningham Farm</u>		20f. CITY, TOWN, OR LOCATION <u>Farmington</u>	COUNTY <u>St. Francois Co</u>
20g. STATE <u>Mo</u>		21. I attended the deceased from <u>March 5, 1963</u> to <u>April 1, 1963</u> and last saw her alive on <u>April 1, 1963</u> Death occurred at <u>10:10am</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>W. Stanley</u>		22b. ADDRESS <u>Farmington Mo</u>	22c. DATE SIGNED <u>4/12/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/3/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Three Rivers Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Three Rivers Missouri</u>
24. FUNERAL DIRECTOR <u>C.H. Cozean Farmington, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Apr. 2, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Esther Rudolph</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

APR 11 1963

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STATEMENT BY LICENSED EMBALMER

6-2

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 _____

Morgan

Licensed Embalmer No. 4084

P. O. Address Farmington Me.

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.