

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25710

No. 300
10-48

FILED JUL 31 1953

BIRTH NO. _____ REG. DIST. NO. 219 PRIMARY REG. DIST. NO. 5791 Registrar's No. 5-

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

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY OR TOWN <u>Emerson</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>Emerson</u> (If outside corporate limits, write RURAL and give township)	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0680</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>HARRY</u> b. (Middle) <u>COLBERT</u> c. (Last) <u>RUSSELL</u>			4. DATE OF DEATH <u>July 25-53</u> (Month) (Day) (Year)		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <u>APR 15-1900 53</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Russellville</u>			9. AGE (In years last birthday) <u>53</u>		
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <u>J. W. Russell</u>		

13b. MOTHER'S MAIDEN NAME <u>Naomie Procter</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Harmon Russell</u> ADDRESS <u>Emerson</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronch - Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Congestive Heart Failure</u>		<u>6 wks</u>	
		DUE TO (c) <u>Pericarditis</u>		<u>16 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. 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 June 1941, to July 25, 1953, that I last saw the deceased alive on July 25, 1953, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. M. Elsbout</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Russellville</u>		23c. DATE SIGNED <u>7/27/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 28-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ENLDE CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>Russellville Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Steffens</u>		ADDRESS <u>Russellville</u>	
DATE REC'D BY LOCAL REG. <u>7/28/53</u>		REGISTRAR'S SIGNATURE <u>C. H. Nail</u> 198			

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 *W. Steffen*

Licensed Embalmer No. 2307

P. O. Address Russellville

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.