

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8758

State File No.

FILED APR 10 1953

REG. DIST. NO. 32

PRIMARY REG. DIST. NO. 4042 Registrar's No. 22

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

1. PLACE OF DEATH a. COUNTY BOLLINGER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY SCOTT	
b. CITY OR TOWN LUTESVILLE MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CHAFFEE 1001	
d. FULL NAME OF HOSPITAL OR INSTITUTION BOYD NURSING HOME		d. STREET ADDRESS (If rural, give location) NONE	
3. NAME OF DECEASED (Type or Print) JOHN		a. (First)	b. (Middle) L
		c. (Last) RUSSEL	
4. DATE OF DEATH (Month) (Day) (Year) 4 1 53			
5. SEX MO	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 10-19-1878
9. AGE (In years last birthday) 75		10. IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.) 5 12	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY FARM	
11. BIRTHPLACE (City and State or Foreign Country) LEOPOLD MO		12. CITIZEN OF WHAT COUNTRY? U	
13a. FATHER'S NAME BARNEY TRUSSEL		13b. MOTHER'S MAIDEN NAME E. ROBBIN	
14. NAME OF HUSBAND OR WIFE NEVER MARRIED			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NONE		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME Mr. Eugene W. Mahon		ADDRESS Chaffee, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES (b) Arteriosclerosis heart disease			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c)			
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 4200	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 4/9 , 19 53 , to 4/11 , 19 53 , that I last saw the deceased alive on 4/9 , 19 53 , and that death occurred at 9:22 m., from the causes and on the date stated above.			
23a. SIGNATURE John J. Mahon (Degree or title) DO		23b. ADDRESS Fultonville Mo	
23c. DATE SIGNED 4/8/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-4-53	
24c. NAME OF CEMETERY OR CREMATORY ST. JOHNS CEM.		24d. LOCATION (City, town, or county) (State) LEOPOLD MO	
DATE REC'D BY LOCAL REG. April 6-53		25. FUNERAL DIRECTOR'S SIGNATURE W. B. B. S. FUNERAL HOME ADDRESS CHAFFEE	

cm stubb **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
Student/Embalmer

Signed

C. J. Forberg

Licensed Embalmer No. *3810*

P. O. Address *Cape Girardeau*

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.