

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED AUG 8 1949

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

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 5910 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Permeanet</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Permeanet</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Tyler, Perm Sup</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Tyler</u>		<u>78</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>Ok</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>S</u> c. (Last) <u>Powell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 5 1949</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>9-1-1866</u>	9. AGE (If under 1 year, give months and days)	IF UNDER 18, GIVE Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Tom Powell</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Nancy Powell</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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nancy Powell Tyler</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>Cirrhosis of liver.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>5810</u>
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) (m.)		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 <u>6/20/49</u> , 19 <u>49</u> , to _____, 19____, that I last saw the deceased alive on <u>8/20/49</u> , 19____, and that death occurred at <u>5:45 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>[Signature]</u> M.D.			23b. ADDRESS <u>Caruthersville, Mo.</u>		23c. DATE SIGNED <u>8-5-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-6-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>		24d. LOCATION (City, town, or county) (State) <u>Stuebli Mo</u>
DATE REC'D BY LOCAL REG. <u>8-5-1949</u>		REGISTRAR'S SIGNATURE <u>Jessie B. Wickel</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Stuebli</u>	

8-49-214

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.

Signed..... *John A. German*

Signed.....
Student Embalmer

Licensed Embalmer No. *4355*

P. O. Address *Hayti, Mo*

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.