

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36995

State File No. ....

No. 300  
10.48

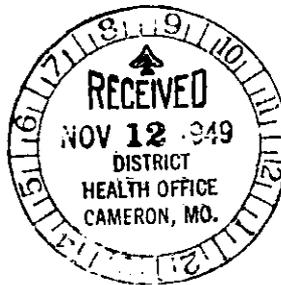
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 140

1. PLACE OF DEATH <u>Trenton, Missouri</u> a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Grundy Co.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brinson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cullers Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
3. NAME OF DECEASED a. (First) <u>OLLIE</u> b. (Middle) <u>LOUISE</u> c. (Last) <u>POWELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 3 1949</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 10-1894</u>
9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR: Months <u>2</u> Days <u>23</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u>	11. BIRTHPLACE (State or foreign country) <u>Gilman City, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Frank Clutter</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Macleod</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas Powell</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Tom Powell</u> ADDRESS <u>Brinson, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cholecystectomy for severe cholecystitis and cholelithiasis</u> DUE TO (c) <u>Arteriosclerotic heart disease</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic heart disease</u>	
18. INTERVAL BETWEEN ONSET AND DEATH <u>two hours</u>		18. INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
18. INTERVAL BETWEEN ONSET AND DEATH <u>58.5 years</u>		18. INTERVAL BETWEEN ONSET AND DEATH <u>years</u>	
19a. DATE OF OPERATION <u>Sept 27, 1949</u>	19b. MAJOR FINDINGS OF OPERATION <u>cholecystitis with cholelithiasis and chronic passive congestion of the liver</u>		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 <u>Sept. 19, 1949</u> , to <u>Oct 3, 1949</u> , that I last saw the deceased alive on <u>Oct 3, 1949</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>C. R. Clark, M.D.</u> (Degree or title)		23b. ADDRESS <u>900 Gilman Trenton, Mo.</u>	23c. DATE SIGNED <u>Oct 10, 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 6</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Christian Union</u>	24d. LOCATION (City, town, or county) (State) <u>North east of Gilman City</u>
DATE REC'D BY LOCAL REG. <u>10-10-49</u>	REGISTRAR'S SIGNATURE <u>Gene Fair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. O. ...</u> ADDRESS <u>Gilman, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

40  
1  
2



**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 \_\_\_\_\_

*W. D. Haines.*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *W. D. Haines.*

Licensed Embalmer No. *942*

P. O. Address *Gilman City 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.