

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 6 1950

No. 300
10.48BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits write RURAL and give township) <u>Springfield</u> OR TOWN <u>North Campbell Twp (Rural)</u>	
c. LENGTH OF STAY (in this place) <u>34 years</u>		d. STREET ADDRESS (If rural, give location) <u>Route 10, Springfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Johns Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lenora</u>	b. (Middle) <u>Powell</u>	c. (Last) <u>Walker</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 26, 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 24, 1871</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS-OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Powell</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>---</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John L Fowler, Springfield, Mo.</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Arteriosclerotic heart disease - decompensation</u>		<u>severe about 2 wks.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>renal arteriosclerosis</u> <u>Dehydration + inanition</u>		<u>unknown</u> <u>approx. 1 mo.</u>	
2. OTHER DISEASES OR CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>fracture, Colles - rt. wrist</u> <u>pneumonia, rt. lobar</u>		<u>about 5 1/2</u> <u>to 6 days about</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield Greene Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 5 '50 2 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>fell on ice</u> <u>137</u> <u>4200 F</u>
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22. I hereby certify that I attended the deceased from 5 Jan, 1950, to 26 Feb, 1950, that I last saw the deceased alive on 25 Feb, 1950, and that death occurred at 2:00 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Hans E. Kuehl M.D.</u>	23b. ADDRESS <u>6304 Jefferson, Springfield, Mo</u>	23c. DATE SIGNED <u>28 Feb 50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 28, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>
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DATE REC'D BY LOCAL REG <u>3-1-50</u>	REGISTRAR'S SIGNATURE <u>W. Handley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeyer</u>	ADDRESS <u>Springfield, Mo.</u>
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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

Lee Mason

Licensed Embalmer No. *4568*

P. O. Address *Springfield, 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.