

THE DIVISION OF HEALTH OF MISSOURI

FILED AUG 10 1950 STANDARD CERTIFICATE OF DEATH

State File No. 24014

BIRTH NO. _____		REG. DIST. NO. <u>Y00</u>		PRIMARY REG. DIST. NO. <u>5723</u>		Registrar's No. <u>103</u>	
1. PLACE OF DEATH a. COUNTY <u>MACON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>MACON</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL-CHARITON</u>		c. LENGTH OF STAY (in this place) <u>27</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural-Chariton 0610</u>		d. STREET ADDRESS (If rural, give location) <u>1 mi. North of Ardmore</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Elmer</u> c. (Last) <u>Powell</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>July 14, 1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Nov. 8, 1872</u>	
9. AGE (in years last birthday) <u>78</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer - Ret.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Macon Co., Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Peter Palk Powell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Stone</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) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Powell</u>		ADDRESS <u>Excelsior, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of prostate with metastases</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) _____				<u>sev months</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>77X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of prostate</u>				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) 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>Mar 25, 1930</u> , to <u>death</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>June 1</u> , 19 <u>50</u> , and that death occurred at <u>5:20 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>George E. Grim</u>				23b. ADDRESS <u>Wardsville, Missouri</u>		23c. DATE SIGNED <u>July 14-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/16/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union</u>		24d. LOCATION (City, town, or county) (State) <u>Macon Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8/8/50</u>		REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>		185 <u>185</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Krinner</u>	
						ADDRESS <u>Macon</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8.9.50
MAGON COUNTY HEALTH DEPARTMENT
County File No. 8.50.160
Date Filed 8.9.50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Albert Skinner

Signed.....
Student Embalmer

Licensed Embalmer No. 757

P. O. Address Macon, Ga.

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.