

FILED SEP 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26431

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 4158 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Buffalo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Buffalo</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Martin</u> b. (Middle) <u>Robert</u> c. (Last) <u>Powell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 11 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Oct. 14-1893</u>		9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months _____ Days _____	
IF UNDER 24 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Dallas Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. American</u>			

13a. FATHER'S NAME <u>William Powell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Roddy</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Evans</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jewell Powell</u> ADDRESS _____	

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>Carcinoma of Stomach & generalized metastasis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Gastritis-Ulcer</u> DUE TO (c) <u>Quinine Dose?</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>Several yrs</u> <u>15 1X</u>	
--	--	---	--	---	--

19a. DATE OF OPERATION <u>6 June 50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Stomach with generalized metastasis</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) _____		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 May 1, 1950, to Aug 11, 1950, that I last saw the deceased alive on Aug 7, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ed Plummer Jr.</u> (Degree or title) _____		23b. ADDRESS <u>Buffalo</u>		23c. DATE SIGNED <u>Aug 16-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>Aug 13-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Parish Home</u>	
24d. LOCATION (City, town, or county) (State) <u>Dallas Mo.</u>		DATE REC'D BY LOCAL REG. <u>8/26/50</u>		REGISTRAR'S SIGNATURE <u>Mrs J. B. Jones</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Jones</u>		ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-4813000
1

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED AUG 29 1950

File No. 550-1833

Date August 29, 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Wm B Jones

Licensed Embalmer No. 4322

P. O. Address Buffalo, 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.