

FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27735BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Demarest</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Demarest</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Caruthersville</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Caruthersville 0782</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Raymond</u> c. (Last) <u>Powell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-28-50</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>—</u>
9. AGE (In years last birthday) <u>alt 67</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired - Day labor</u>	11. BIRTHPLACE (State or foreign country) <u>Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Raymond Powell</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sallie Richardson Kerman 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma of liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary site probably stomach</u> DUE TO (c) <u>(Supp report)</u> 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>unknown</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 July 10, 1950, to July 28, 1950, that I last saw the deceased alive on July 28, 1950, and that death occurred at 7:20 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. W. Locke M.D.</u>	23b. ADDRESS <u>Caruthersville, mo</u>	23c. DATE SIGNED <u>July 31, 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-30-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>South Cedar</u>
24d. LOCATION (City, town, or county) (State) <u>Caruthersville mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hermon Wolt Co Steel Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-7-1950</u>	REGISTRAR'S SIGNATURE <u>Levie B. Wick</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

767

9-50-240

SEP 08 REC'D

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 _____
Student Embalmer

Signed

John H. German

Licensed Embalmer No. 4255

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.