

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31014**  
Registrar's No. **1061**

S. No. 300  
v. 10.48  
*In Taylor*  
**FILED OCT 18 1951**

BIRTH NO. **38449-51** REG. DIST. NO. **272** PRIMARY REG. DIST. NO. **6912**

6780  
1

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

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Steel</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Steel</b>	
c. LENGTH OF STAY (If in this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>Rt 2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Vernon Hosp</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Roger</b> b. (Middle) <b>Clifford</b> c. (Last) <b>Powell</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>9-25-51</b>	
5. SEX <b>MO</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>6-16-51</b>
9. AGE (In years last birthday) <b>0 3 9</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>	
11. BIRTHPLACE (State or foreign country) <b>Haiti Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Clifford Powell</b>		13b. MOTHER'S MAIDEN NAME <b>Edith Ridelorden</b>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>7544</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Clifford Powell</b>		ADDRESS <b>Steel Mo</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Decompensated Congenital Heart</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 mo 9 da.</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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)		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 <b>16 June, 1951, to 25 Sept, 1951</b> , that I last saw the deceased alive on <b>19 Sept, 1951</b> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Edward L. Taylor, M.D.</b>		23b. ADDRESS <b>Steel, Mo</b>	
23c. DATE SIGNED <b>29 Sept 51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-26-51</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Mt Zion</b>		24d. LOCATION (City, town, or county) (State) <b>Steel Mo</b>	
DATE REC'D BY LOCAL REG. <b>10-1-51</b>		REGISTRAR'S SIGNATURE <b>A. J. ...</b>	
25. FEDERAL DIRECTOR'S SIGNATURE <b>Hermon ...</b>		ADDRESS <b>Steel Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

10-51-247

Rec. OCT 5 1951

S. B. Beecher, M. D.,  
Pemiscot County Health Department,  
Caruthersville, Missouri

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.....

*John W. German*

Signed.....  
Student Embalmer

Licensed Embalmer No. *A 355*

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.