

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41373

State File No.

No. 300
10.48

FILED DEC 26 1951

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 576

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

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (When deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>	
c. LENGTH OF STAY (In this place) <u>19 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton Convalescent Home</u>			

3. NAME OF DECEASED (Type or Print) <u>POWELL JEANETTE ANDERSON</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 14, 1951</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>Widow</u>	8. DATE OF BIRTH <u>Aug 29, 1864</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>15</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>for self</u>	11. BIRTH PLACE (State or foreign country) <u>St. Clair, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John H. Murphy</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Bouchant</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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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>not known</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Carl Anderson</u>	ADDRESS <u>Clinton, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>lobar pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cerebral hemorrhage</u>		
	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"/>
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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) <u>Clinton, Mo.</u>
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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? _____
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22. I hereby certify that I attended the deceased from 1-12, 1948, to 12-14, 1951, that I last saw the deceased alive on 12-13, 1951, and that death occurred at 6:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R J Powell</u> (Degree or title) <u>Do</u>	23b. ADDRESS <u>Clinton, Mo.</u>	23c. DATE SIGNED <u>12-15-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 17, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Canal</u>	24d. LOCATION (City, town, or county) (State) <u>Greenbush, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec-23-51</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	422	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Vassant</u>	ADDRESS <u>Clinton, Mo.</u>
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RECEIVED DEC 26 1951

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed DEC 26 1951

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, ~~my wife~~

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *A. D. Vansant*

Licensed Embalmer No. 3779

P. O. Address *Clinton, 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.