S. No. 300
v. 10.48

FILED MAR 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9111

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 71

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0

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place): 4 WKS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levering Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Union Township RURAL 0640 1
d. STREET ADDRESS (If rural, give location): 10 Mi. West of Palmyra, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Leslie
c. (Last): Powell

4. DATE OF DEATH (Month) (Day) (Year): March 4 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 28 May 1881
9. AGE (In years last birthday): 70 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Thomas Powell
13b. MOTHER'S MAIDEN NAME: Matilda Bottoms
14. NAME OF HUSBAND OR WIFE: Alice Buckley Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Richard Powell — **ADDRESS**: Palmyra, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) O. Medical Shock — INTERVAL BETWEEN ONSET AND DEATH: 3 hours.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hemorrhage — 4 hours.
DUE TO (c) Excessive bleeding from Prostatectomy

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 4 March 1952
19b. MAJOR FINDINGS OF OPERATION: Prostatic hypertrophy — 610X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 26 Feb, 1952, *to* 4 March, 1952, *that I last saw the deceased alive on* 4 March, 1952, *and that death occurred at* 4 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wyeth Hamlin M.D. (Degree or title): 0
23b. ADDRESS: Palmyra Mo.
23c. DATE SIGNED: 12 March 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 6 March 1952
24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
24d. LOCATION (City, town, or county) (State): Palmyra, Missouri

DATE REC'D BY LOCAL REG. 3-13-52
REGISTRAR'S SIGNATURE: Dr. E M Lacks By W C Fisher 189-0
25. FUNERAL DIRECTOR'S SIGNATURE: Lewis Bros Chas
ADDRESS: Palmyra Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 18 1952
MARION CO. HEALTH DEPT.
DATE FILED MAR 18 1952

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 George M. Lewis

Licensed Embalmer No. 4851

P. O. Address Palmyra, 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.