

No. 3071 **WED MAY 12 1952**

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12192

State File No.

10.48

BIRTH NO. _____ REG. DIST. NO. **44** PRIMARY REG. DIST. NO. **5149** Registrar's No. **14**

130
420

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

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 1 Mi S. Nettleton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Homer Twp. 0130	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 1 Mi South Nettleton	

3. NAME OF DECEASED (Type or Print) a. (First) Leonard b. (Middle) Powell c. (Last) Powell			4. DATE OF DEATH (Month) (Day) (Year) 5-2-1952		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-5-1902	9. AGE (In years last birthday) 49	10. UNDER 1 YEAR 10	11. UNDER 1 YEAR 27	12. UNDER 1 YEAR 27	13. HOURS 10	14. MINS. 27
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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) Caldwell Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Isaac Powell		13b. MOTHER'S MAIDEN NAME Susan Miller		14. NAME OF HUSBAND OR WIFE Jessie Powell	
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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) No		16. SOCIAL SECURITY NO. 715-07-7815		17. INFORMANT'S SIGNATURE OR NAME Mrs. Jessie Powell Nettleton Mo		18. ADDRESS	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound in head (suicide)		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) E976X						_____	
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 (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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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 Shotgun blast to temple	
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22. I hereby certify that I attended the deceased from **not at all**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Ch. Wilson M.D. County Caldwell Mo		(Degree or title) 3		23b. ADDRESS Polo Mo		23c. DATE SIGNED May 21 1952	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/4/1952		24c. NAME OF CEMETERY OR CREMATORY Highland		24d. LOCATION (City, town, or county) (State) Hamilton Mo	
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DATE REC'D BY LOCAL REG. 5-8-52		REGISTRAR'S SIGNATURE Mrs. Nell B. Jones		25. FUNERAL DIRECTOR'S SIGNATURE Bram Funeral Home		ADDRESS Hamilton Mo	
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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

R. Lester Brian

Signed.....

Student Embalmer

Licensed Embalmer No. *4472*

P. O. Address. *Hamilton, 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.