

MAY 26 1952

STANDARD CERTIFICATE OF DEATH

17159
State File No.

582

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 168

1. PLACE OF DEATH a. COUNTY <u>LINN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LINN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BROOKFIELD</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>0580</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BROOKFIELD HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>RFD, PURDIN</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>VIVIAN</u> b. (Middle) <u>MARIE</u> c. (Last) <u>POWELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 19, 1952</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>DEC. 10, 1905</u>
9. AGE (In years) last birthday <u>46</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	11. BIRTHPLACE (State or foreign country) <u>PURDIN, MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>BENJ. E. RUNYON</u>	
13b. MOTHER'S MAIDEN NAME <u>IDA MAE BAKER</u>		14. NAME OF HUSBAND OR WIFE <u>LEHMAN POWELL</u>	
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>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>LEHMAN POWELL, PURDIN, MO.</u>		ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure</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) <u>Hypertension - Chronic nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		592X	
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) (Min.)	
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 <u>1-15, 1946</u> to <u>5-19, 1952</u> , that I last saw the deceased alive on <u>5/19, 1952</u> , and that death occurred at <u>12:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. E. Evers M.D.</u>		23b. ADDRESS <u>Brookfield Mo</u>	
23c. DATE SIGNED <u>5-20-52</u>		23d. LOCATION (City, town, or county) (State) <u>BROOKFIELD, MO.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 22, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>ROSE HILL</u>		24d. LOCATION (City, town, or county) (State) <u>BROOKFIELD, MO.</u>	
DATE REC'D BY LOCAL REG. <u>5-20-52</u>		REGISTRAR'S SIGNATURE <u>Nadine Stamball</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>WRIGHT FUNERAL HOME, BROOKFIELD MO.</u>		ADDRESS	

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.....

Harold B. Wright

Signed.....

Student Embalmer

Licensed Embalmer No.

3718

P. O. Address

Brookfield, 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.