

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24627

State File No.

FILED AUG 4 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3017

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas city</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas city</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>7043 Montgall</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs Marietta</u> b. (Middle) <u>S</u> c. (Last) <u>Powell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 1 1952</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>Widowed</u>		8. DATE OF BIRTH <u>7-18-1877</u>		9. AGE (In years last birthday) <u>74</u>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 100 Hrs Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>			11. BIRTHPLACE (State or foreign country) <u>Olean Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>Maac Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Alice Mc Lure</u>			14. NAME OF HUSBAND OR WIFE <u>John W Powell</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Luille Powell 7043 Montgall</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 week</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cholelithiasis & cholecystitis</u>						<u>year</u>	
		DUE TO (c) <u>Arteriosclerotic heart disease</u>						<u>year</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>6-29-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>acutone</u>				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)		
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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?		
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22. I hereby certify that I attended the deceased from 1940, 19 , to 7-1-52, 19 , that I last saw the deceased alive on 7-1-52, 19 , and that death occurred at 7:02 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John T. Skinner</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>1102 Grand St. Pl. MO</u>		23c. DATE SIGNED <u>7-2-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-2-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sumner Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wheatland, MO</u>	
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DATE REC'D BY LOCAL REG. <u>7-2-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>France-Wornall Funeral Home</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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. 463

working under my personal supervision.

Student Francis J. Deff
Student Embalmer

Signed Russell N. France

Licensed Embalmer No. 4255

P. O. Address K. C. 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.