

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42722

State File No. 5840

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5641 Registrar's No. 84

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

1. PLACE OF DEATH a. COUNTY Lafayette			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural - Davis)		c. LENGTH OF STAY (In this place) over 25 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Davis		
d. FULL NAME OF HOSPITAL OR INSTITUTION Farm Home S.W. of Higginsville			d. STREET ADDRESS (If rural, give location) Home- S.W. of Higginsville		

3. NAME OF DECEASED (Type or Print) a. (First) Helen		b. (Middle) Laverne		c. (Last) Powell		4. DATE OF DEATH (Month) (Day) (Year) Dec. 13th 1952	
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5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Mar. 7th, 1899		9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME Thomas C. Foulds			13b. MOTHER'S MAIDEN NAME Anna Hickman			14. NAME OF HUSBAND OR WIFE Sheldon 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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Sheldon Powell - Higginsville, Mo.			
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerotic Fusion DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hours years	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X						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 **March, 1950**, to **Dec 13, 1952**, that I last saw the deceased alive on **Dec 13, 1952**, and that death occurred at **5:35 P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter E. Koppensbrink Jr. M.D.		23b. ADDRESS Higginsville, Missouri		23c. DATE SIGNED Dec. 16, 1952	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Dec. 16, 1952		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Higginsville, Mo.	
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DATE REC'D BY LOCAL REG. Dec 20-1952		REGISTRAR'S SIGNATURE Rayton H. Landrum 154-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. H. Glader Higginsville, Mo.	
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MAR 13 1953

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 *Robert Rickhal*.....

Licensed Embalmer No. *14284*.....

P. O. Address *Higginsville, 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.