

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

5117

State File No.

FILED FEB-28 1953

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 35

0191

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u>	c. LENGTH OF STAY (in this place) <u>3 yr</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>307 N Lexington</u>		d. STREET ADDRESS (If rural, give location) <u>307 N Lexington</u>	

3. NAME OF DECEASED (Type or Print) <u>EULA</u>	a. (First) <u>EULA</u>	b. (Middle) <u>M.</u>	c. (Last) <u>POWELL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 16 1953</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>Married</u>	8. DATE OF BIRTH <u>Feb 28-1898</u>	9. AGE (In years last birthday) <u>59</u>	# UNDER 1 YEAR Months	# UNDER 1 HRS. Hours	# UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (State or foreign country) <u>Johnson Co, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13. FATHER'S NAME <u>E. L. Green</u>	13b. MOTHER'S M maiden name <u>Tina Jackson</u>	14. NAME OF HUSBAND OR WIFE <u>Chas. Powell</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Chas. Powell</u>	ADDRESS <u>Harrisonville Mo</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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		<u>Sudden</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 <u>4201</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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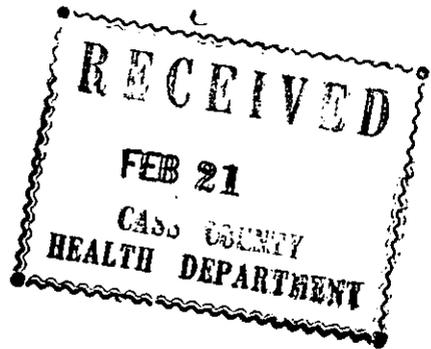
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 1947, to Feb 16, 1953, that I last saw the deceased alive on Feb 15, 1953 and that death occurred at 5 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harry B. ...</u>	23b. ADDRESS <u>Harrisonville, Mo</u>	23c. DATE SIGNED <u>2-17-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 18-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Independence, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Feb 18, 1953</u>	REGISTRAR'S SIGNATURE <u>Dora Barward</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. ...</u>	ADDRESS <u>Harrisonville, Mo</u>
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James R. Phillips
Licensed Embalmer No. 4641

P. O. Address Harrisonville, 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.