

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15037

State File No.

FILED APR 29 1953

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5789 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>California</u> b. COUNTY <u>Unknown</u>	
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Rural. St. James</u>		c. CITY (If outside corporate limits, write RURAL and give township) OF TOWN <u>SAN BRUNO, CALIFORNIA</u>	
c. LENGTH OF STAY (in this place) <u>1 WEEK</u>		d. STREET ADDRESS (If rural, give location) <u>8040</u>	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION <u>1 mile South East Prairie</u>			

3. NAME OF DECEASED (Type or Print) <u>JOHN</u>	a. (First) <u>W.</u>	b. (Middle) <u>POWELL</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 10th 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 13, 1898</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>10</u> Day <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAINTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Fredricktown, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Zacharia Powell</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Moser</u>	14. NAME OF HUSBAND OR WIFE <u>Elvie 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>YES WORLD WAR I</u>	16. SOCIAL SECURITY NO. <u>567-01-3968</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elvie Powell</u>	ADDRESS <u>East Prairie, Mo.</u>
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16. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 minute</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hemorrhage in cranial cavity</u>		
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 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6 A. m., from the causes and on the date stated above.

23. SIGNATURE <u>David Shelby, Coroner</u>	(Degree or title) <u>3</u>	23b. ADDRESS <u>East Prairie, Mo.</u>	23c. DATE SIGNED <u>4-10-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>4-16-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL</u>	24d. LOCATION (City, town, or county) (State) <u>NEAR MOUNDS CITY, ILLINOIS</u>
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DATE REC'D BY LOCAL REG. <u>4-20-53</u>	REGISTRAR'S SIGNATURE <u>Bertrude L. Harper</u>	FUNERAL DIRECTOR'S SIGNATURE <u>David Shelby</u>	ADDRESS <u>East Prairie, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0670

S. No. 300
EV. 10.48

APR 29 1953

APR 24 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed APR 27 1953

APR 28 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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.