

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25093**  
**3410**

FILED JUL 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Lackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Wilson</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas city</u> )	c. LENGTH OF STAY (in this place township) <u>23 da</u>	c. CITY OR TOWN <u>Hoodasha</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Route # 2 815<sup>th</sup> 9</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Adolph</u> b. (Middle) _____ c. (Last) <u>POWELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 7 53</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>9-9-1879</u>	9. AGE (In years last birthday) <u>73</u>	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) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
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13a. FATHER'S NAME <u>Fendley Powell</u>		13b. MOTHER'S MAIDEN NAME <u>Leticia Targuay</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie 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>Jessie Powell</u> ADDRESS <u>residence from Route # 2</u>	
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18. DATE OF DEATH Enter only one cause per line for (a), (b), and (c) _____		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Surgical shock at myocardia. 8 days</u>		MEDICAL CERTIFICATION		18. ONSET AND DEATH <u>2 Weeks</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Papillary Splemic flexure of large intestine</u>		DUE TO (b) <u>Massive Hemorrhage from</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Advanced age et arteriosclerosis</u>				<u>153X</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Infarcted myocardium et maly. Papillomus</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 6-14-1953 to 7-7-1953, that I last saw the deceased alive on 7-7-1953, and that death occurred at 5:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>A. E. Linville</u> (Degree or title)		23b. ADDRESS <u>25-E-12th K.C. Mo.</u>		23c. DATE SIGNED <u>7-7-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 8 1953</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Hoodasha Kansas</u>	
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DATE REC'D BY LOCAL REG. <u>7-8-53</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stine &amp; MC Clure</u> ADDRESS <u>Kansas City Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

74-2054

SEP 10 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.....  
Signature of Student Embalmer

Signed *F. S. Walton*.....

Licensed Embalmer No. *2746*.....

P. O. Address *Hampton, Va.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.