

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

8060

State File No.

BIRTH NO. FILED MAR 29 1954 REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 3013 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>	
b. CITY OR TOWN <u>NORTH KANSAS CITY</u>		c. CITY OR TOWN <u>NORTH KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>3 YRS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2009 BUCHANAN</u>		e. STREET ADDRESS (If rural, give location) <u>2009 BUCHANAN 6001</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Claude</u> b. (Middle) <u>Louis</u> c. (Last) <u>Powell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 21 1954</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	
8. DATE OF BIRTH <u>Dec. 9, 1905</u>		9. AGE (In years last birthday) <u>48</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER STALEY mills</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Keytesville, MO.</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>Jesse J. Powell</u>		13b. MOTHER'S MAIDEN NAME <u>MARY BLUE</u>		14. NAME OF HUSBAND OR WIFE <u>GENEVA Powell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Yes W.W. 2</u>		16. SOCIAL SECURITY NO. <u>491-22-2893</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lowell S. Powell</u>	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carbon Monoxide Poisoning</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.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
II. OTHER SIGNIFICANT CONDITIONS							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>600</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. J. Pate M.D. Coroner</u>		23b. ADDRESS <u>North Kansas City, Mo.</u>		23c. DATE SIGNED <u>3/22/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-24-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Asbury Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Keytesville MO.</u>	

DATE REC'D BY LOCAL REG. <u>3-23-54</u>		REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. NEWCOMER'S SONS N. K. C.</u>	
				ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

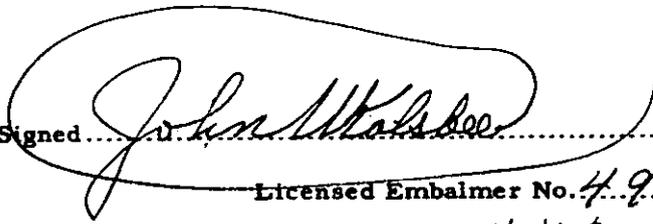
No. 300
10.48

FEB 18 1955

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.....


Licensed Embalmer No. 495

P. O. Address N. K. C. + T.

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.