

No. 300  
10.48

FILED JUN 15 1954

STANDARD CERTIFICATE OF DEATH

State File No. 16503

0546

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

BIRTH NO.		REG. DIST. NO. 171		PRIMARY REG. DIST. NO. 4267		Registrar's No. 1	
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 township) OR TOWN Odessa		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Odessa		0540	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 2			
3. NAME OF DECEASED (Type or Print) a. (First) Walter		b. (Middle) S.		c. (Last) Powell		4. DATE OF DEATH (Month) (Day) (Year) June 1, 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 25, 1880	
9. AGE (In years last birthday) 74		10. UNDER 1 YEAR Months Days		11. UNDER 1 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Banker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Odessa, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thos. J. Powell		13b. MOTHER'S MAIDEN NAME Dorinda Hatton		14. NAME OF HUSBAND OR WIFE Josephine Powell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No.		16. SOCIAL SECURITY NO. 495-01-5347		17. INFORMANT'S SIGNATURE OR NAME Mrs. Josephine Powell Odessa, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION MYOCARDITIS CHRONIC ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis 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 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) DEAD ON ARRIVAL		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6/1/54, 1954, to 6/1/54, 1954, that I last saw the deceased alive on 6/1/54, 1954, and that death occurred at m. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS Odessa, Mo.		23c. DATE SIGNED 6/1/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 3, 1954		24c. NAME OF CEMETERY OR CREMATORY Odessa Cemetery		24d. LOCATION (City, town, or county) (State) Odessa, Mo.	
DATE REC'D BY LOCAL REG. 6/2/54		REGISTRAR'S SIGNATURE Emma Davidson		25. FUNERAL DIRECTOR'S SIGNATURE Husman-Sparks Odessa, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

JUN 17 1954

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 William T. Sparks  
#4431  
Licensed Embalmer No. Odessa, Mo.

P. O. Address \_\_\_\_\_

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.