

31366

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 4 1954

BIRTH NO. _____		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>5406</u> Registrar's No. _____	
1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
a. COUNTY <u>Jennett</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Jennett</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Beach Orchard</u>		c. LENGTH OF STAY (If this place) <u>5 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Beach Orchard</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			d. STREET ADDRESS (If rural, give location) <u>0 180 0</u>		
3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) <u>Verdie</u>	b. (Middle) <u>Jane</u>	c. (Last) <u>Powell</u>	(Month) <u>9</u>	(Day) <u>15</u>	(Year) <u>1954</u>
(Type or Print)					
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>10-15-1895</u>		9. AGE (In years last birthday) <u>60</u>
			If under 1 year	If under 1 year	If under 1 year
			Months <u>11</u>	Days <u>0</u>	Hours <u>0</u>
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 <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Cowaway County, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Patterson</u>		14. NAME OF HUSBAND OR WIFE <u>Virgil Powell</u>	
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>Virgil Powell - Beach Orchard, Mo</u>		
18. CAUSE OF DEATH	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute coronary occlusion</u>				<u>10 min.</u>
*This does not mean the mode of dying, such as heart failure, ashenia, 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.				
	DUE TO (b) <u>Hypertension</u>				
	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				20. AUTOPSY? <u>no</u>
					YES <input type="checkbox"/> NO <input 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) m.	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 <u>1-11</u> , 19 <u>53</u> , to <u>9-13</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9-13</u> , 19 <u>54</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Lloyd Russell Piggott M.D.</u> (Degree or title)		23b. ADDRESS <u>Jennett Mo</u>		23c. DATE SIGNED <u>9-25-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-17-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Malden</u>	24d. LOCATION (City, town, or county) (State) <u>Malden, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>OCT 4 1954</u>	REGISTRAR'S SIGNATURE <u>Elyde A. Bridges</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Lloyd Russell Piggott, M.D.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Pro

Philip Rex Cate

working under my personal supervision.

Student Embalmer No. 519

Signed Philip Rex Cate  
Student Embalmer

Signed Lloyd M. Lusace

Licensed Embalmer No. 509-712

P. O. Address Piggott, Ark.

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.