

ED NOV 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36478

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3000 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>OKla.</u> b. COUNTY <u>Lincoln</u>	
b. CITY <u>Butler</u> (If outside corporate limits, write RURAL and give township) TOWN <u>Butler</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Agua</u> <u>OKLa</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BUTLER MEM HOSP.</u>		d. STREET ADDRESS (If rural, give location) <u>8350 8</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ola</u> b. (Middle) <u>Belle</u> c. (Last) <u>Powell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 12-54</u>	
5. SEX <u>7</u> / 1	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER M.</u>	8. DATE OF BIRTH <u>Oct. 8-1903</u>
9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>4</u>	IF UNDER 12 MOS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>PARKLAND, OKLa</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Samuel B. Powell</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy S. Richardson</u>	14. NAME OF HUSBAND OR WIFE <u>None</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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Jack Morrow Appleton</u>
ADDRESS		

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Broncho pneumonia</u> DUE TO (c) <u>Hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Adenoma of thyroid</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>1948</u>	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)	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 May 1, 1954 to Nov 12, 1954, that I last saw the deceased alive on Nov 12, 1954, and that death occurred at 7:04 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. L. Hanson</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Butler, Mo</u>	23c. DATE SIGNED <u>11-12-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-14-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Parkland Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>PARKLAND, OKLa</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 17 54</u>	REGISTRAR'S SIGNATURE <u>Kenneth Murray</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James Edgely Appleton</u>	ADDRESS <u>Butler, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 8 195

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 Wesley E. Colby

Licensed Embalmer No. 3942

P. O. Address Appleton City, 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.