

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37699**

FILED DEC 2 1954

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 445

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE		c. LENGTH OF STAY (in this place) 2 yrs	c. CITY OR TOWN INDEPENDENCE
d. FULL NAME OF HOSPITAL OR INSTITUTION 715 North Main		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 715 North Main		f. ADDRESS 715 North Main	

3. NAME OF DECEASED (Type or Print) a. (First) AGNES b. (Middle) B. c. (Last) POWELL			4. DATE OF DEATH (Month) (Day) (Year) Nov. 16, 1954		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 6, 1872	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Springfield, Ill.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Barton Conlon	13b. MOTHER'S MAIDEN NAME Catherine O'Byrne	14. NAME OF HUSBAND OR WIFE William Powell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS James A. Powell (son) 715 N. Main

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) James cancer, Cachexia - in auction		INTERVAL BETWEEN ONSET AND DEATH 3 mos Sept 3, 1954
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fract Hip left		
	DUE TO (c) Tripped on rug in house		
II. OTHER SIGNIFICANT CONDITIONS Arterio Sclerosis - E9030 Conditions contributing to the death but not related to the disease or condition causing death. Bed sores 20			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION S.P. Fracture hip - Sept 6, 1954	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) 120
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 Sept 3 1954, to Nov-16, 1954, that I last saw the deceased alive on Nov 15, 1954, and that death occurred at 12:45 AM from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD	23b. ADDRESS 1st Natl. Bank Bldg. Indep. Mo.	23c. DATE SIGNED 11/16/54
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 11/16/54	24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery
24d. LOCATION (City, town, or county) (State) Kansas City, Kansas		

DATE REC'D BY LOCAL REG. 11-16-54	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JOS. A. BUTLER'S SONS K.C.K
--	--	---

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ross Bell*

Licensed Embalmer No. *3420*

P. O. Address *K. C. K.*

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.