

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

8005

FILED MAR 25 1955

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>302d</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>		c. LENGTH OF STAY (in this place) <u>1 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>203 W. Davis St.</u>				d. STREET ADDRESS (If rural, give location) <u>203 W. Davis St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u>			b. (Middle) <u>Frances</u>		c. (Last) <u>Powell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 8, 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 27, 1872</u>		9. AGE (In years last birthday) <u>82</u>	10 UNDER 1 YEAR Months <u>10</u>	10 OVER 1 YEAR Days <u>7</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>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Howard Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Daniel C. Wells</u>			13b. MOTHER'S MAIDEN NAME <u>Mary M. Hestlerfingler</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Lee Powell</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, 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 ADDRESS <u>Lee C. Powell Fayette, Mo</u>				
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis, generalized</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fayette, Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		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>Jan 1, 1954</u> , to <u>March 4, 1955</u> , that I last saw the deceased alive on <u>March 1, 1955</u> , and that death occurred at <u>9:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank A. Dean M.D.</u>				23b. ADDRESS <u>Fayette, Mo</u>		23c. DATE SIGNED <u>3-17-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/6/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fayette Missouri</u>		
DATE REC'D BY LOCAL REG <u>3/17/55</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Joseph A. Carr Fayette, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

to. 300
to. 48

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, only

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette, 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.