

58049-55
FILED SEP 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30210**
Registrar's No. **72**

BIRTH NO. _____ REG. DIST. NO. **217** PRIMARY REG. DIST. NO. **5785**

1. PLACE OF DEATH a. COUNTY, Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miss.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston (rural)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston (rural)	
c. LENGTH OF STAY (In this place) 18 hrs.		d. STREET ADDRESS (If rural, give location) Route 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1			

3. NAME OF DECEASED (Type or Print) a. (First) Dennis	b. (Middle) Lee	c. (Last) Powell	4. DATE OF DEATH (Month) (Day) (Year) August 17, 1955
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Aug. 16, 1955	9. AGE (In years last birthday) ---	IF UNDER 1 YEAR Months ---	IF UNDER 1 YEAR Days ---	IF UNDER 1 YEAR Hours 18	IF UNDER 1 YEAR Min. ---
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Wyatt, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Walter Powell	13b. MOTHER'S MAIDEN NAME Claudie Mae Williams	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Walter Powell, R.1, Charleston, Mo.	ADDRESS _____
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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 1 hr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial hemorrhage		
	ANTECEDENT CAUSES Morbidity 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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I hereby certify that I attended the deceased from **8/16, 1955** to **8/17, 1955**, that I last saw the deceased alive on **8/17, 1955** and that death occurred at **7:00 Am.**, from the causes and on the date stated above.

23a. SIGNATURE D. P. Leuter (Degree or title) D.O.	23b. ADDRESS Wyatt, Missouri	23c. DATE SIGNED 8/18/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 17, 1955	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) Charleston, Mo.
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DATE REC'D BY LOCAL REG. 8-20-55	REGISTRAR'S SIGNATURE Jean Heaney	5. FUNERAL DIRECTOR'S SIGNATURE F. J. Sparks	ADDRESS Charleston, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 15 1955

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed SEP 16 1955

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 _____

Body Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed *Frank Sparks*

Licensed Embalmer No. *3435*

P. O. Address *Cape Girardeau*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.