

FILED NOV 23 1955

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. **37179**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **154** PRIMARY REG. DIST. NO. **5575** Registrar's No. **47**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural WASHINGTON</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>6 Wks.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>87th. &amp; Blueridge Blvd.</b>		e. STREET ADDRESS (If rural, give location) <b>8911 Lexington Ave.</b>	

3. NAME OF DECEASED (Type or Print) <b>Georgia Ethel Powell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 7 1955</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb 5 1900</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR <b>54</b> Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Homemaking</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ray County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S</b>

13a. FATHER'S NAME <b>Sylvester <del>Garner</del></b>		13b. MOTHER'S MAIDEN NAME <b>Mary Vineyard</b>		14. NAME OF HUSBAND OR WIFE <b>Hiram Powell</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>496-03-4783</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Hiram Powell 8911 Lexington Ave.,</b>		

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Decompensation</b> INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Mitral Insufficiency &amp; Stenosis</b> <b>10+yrs</b> DUE TO (c) <b>Rheumatic Fever</b> <b>?</b>		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>410X</b>		
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)	
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 **9/2**, 19**55** to **11/8**, 19**55** that I last saw the deceased alive on **11/7**, 19**55**, and that death occurred at **2:35P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>William C. Kells M.D.</b>		23b. ADDRESS <b>Grandview Mo</b>		23c. DATE SIGNED <b>11/9/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov 9 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>		

DATE REC'D BY LOCAL REG. <b>11/9/55</b>	REGISTRAR'S SIGNATURE <b>Sturtevant Godard</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>498-70</b>	ADDRESS <b>Floral Hills Memorial Chapels, Inc. K.C. MO</b>		
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 9 1950

STATEMENT BY LICENSED EMBALMER

Harper  
Wells

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 *Lloyd C. M. Cook*

Licensed Embalmer No. 485

P. O. Address H. C. 7

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.