

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3681

State File No.

FILED FEB 23 1956

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ADAIR</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKSVILLE</u>		c. LENGTH OF STAY (in this place) <u>17 MONS</u>	c. CITY OR TOWN <u>KIRKSVILLE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1202 E FILMORE</u>			e. STREET ADDRESS (If rural, give location) <u>1202 E FILMORE</u> <u>00150</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u> b. (Middle) <u>ESTELLA</u> c. (Last) <u>POWELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 9 1956</u>		
--	--	--	---	--	--

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JULY 19 1977</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Mins.
-----------------	---------------------------	---	--------------------------------------	---	------------------------	-----------------------	-------	-------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEKEEPER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BRASHEAR MO MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
---	--	--	--	--	--	---	--

13a. FATHER'S NAME <u>SABASTIAN H. CORNELL</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET PRING</u>		14. NAME OF HUSBAND OR WIFE <u>ISAAC T. POWELL</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. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CLINTON POWELL KIRKSVILLE 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerotic heart disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis-generalized</u> <u>10 years.</u> DUE TO (c) <u>Cerebral Thrombosis</u> <u>8 years.</u> 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"/>	
------------------------	--	----------------------------------	--	---	--

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>4200</u>	
--	--	--	--

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 June 12, 1948, to February 9, 1956, that I last saw the deceased alive on February 9, 1956, and that death occurred at 5:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Howard E. Gross, M.D.</u>		23b. ADDRESS <u>Kirksville, Missouri</u>	23c. DATE SIGNED <u>2-13-56</u>
---	--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2/11-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BETHEL</u>	24d. LOCATION (City, town, or county) (State) <u>ADAIR CO MISSOURI</u>
---	----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>2-14-56</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u> <u>1-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Scott Bailey & Hurdland MO</u>	
---	--	---	--

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 *Geo B Easley Jr*

Licensed Embalmer No. *3755*

P. O. Address *Hurdland*

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 [redacted]'s body is not embalmed, fact should be so stated above.