. Health,
& Welfare
S. Public
h Service

S. 300
v. 1-56

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 6 - 1957

STATE FILE NUMBER 12079

Registration District No. 30 Primary Registration District No. 5104 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY Benton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fox Rudy Township — Inside Limits Yes ☐ No ☑
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lake of Ozarks near Warsaw — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Benton
c. CITY OR TOWN Lincoln 0080 0 — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS 5 miles southeast of Lincoln (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Nadine Middle Vesta Last Powell
4. DATE OF DEATH Month April Day 20 Year 1957
5. SEX Female 1
6. COLOR OR RACE white
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Jan 4, 1935
9. AGE (In years last birthday) 22 — IF UNDER 1 YEAR Months 3 Days 16 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Kansas City, Mo 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Brady Elvis Heckard
14. MOTHER'S MAIDEN NAME Ella Elizabeth Whitaker
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. not sure
17. INFORMANT Brady Heckard Address 6510 E 10th K.C. Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH ? mins.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Drowning
DUE TO (c) Accident with Boat and Motor 850X 38
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Playing with boat and motor on Lake of The Ozarks, Warsaw, Mo
19. WAS AUTOPSY PERFORMED? Yes ☐ No ☑ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Accident of undetermined origin, type or kind with boat and motor.
20c. TIME OF INJURY Hour 5:35 a.m. p.m. Month, Day, Year 4/20/57 — Hour of accident determined by time watch stopped on victim's arm.
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Lake of The Ozarks
20f. CITY, TOWN, OR LOCATION Warsaw, COUNTY 008 Benton STATE Mo.
21. I attended the deceased from none to none and last saw her/him alive on none
Death occurred at 5:35 P m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or Title) Sue Crally DO Coroner
22b. ADDRESS Warsaw, Mo.
22c. DATE SIGNED 4/27/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4/28/57
23c. NAME OF CEMETERY OR CREMATORY mt. pleasant
23d. LOCATION (City, town, or county) Benton Co (State) Mo
24. FUNERAL DIRECTOR Fred Davis & Son ADDRESS Lincoln
25. DATE RECD. BY LOCAL REG. Apr. 28-1957
26. REGISTRAR'S SIGNATURE Jas. A. Logan

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

This certificate made from records of the County Coroner.

23-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed James R. Scrum

Licensed Embalmer No. 488

P. O. Address Vermilh, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.