t. Health,
& Welfare
S. Public
th Service

S. 300
v. 1-56

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

FILED DEC 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41667
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 383

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Twn. Inside Limits Yes ☐ No #
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) RFD#1, Elvins Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN Elvins Inside Limits Yes ☐ No # 0940
d. STREET ADDRESS (If outside, give location) Route # 1 Reside on Farm Yes # No ☐

3. NAME OF DECEASED (Type or print) First Alex Middle William Last Powell

4. DATE OF DEATH Month November Day 30, Year 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED # NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Feb. 14, 1892
9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months 9 Days 16 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner
10b. KIND OF BUSINESS OR INDUSTRY Lead Mines
11. BIRTHPLACE (City and state or country) Dent County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joshua Powell
14. MOTHER'S MAIDEN NAME Racheal Jane Farrell

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. 486-18-3081
17. INFORMANT Frieda Powell Address Elvins, Mo., R # 1

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) Coronary Thrombosis
INTERVAL BETWEEN ONSET AND DEATH 15 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Sclerosis Coronary artery
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
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.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June '56, to 11-30-57 and last saw her/him alive on 11-28-57
Death occurred at 3 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) T H C Gaele M D
22b. ADDRESS Desloge Mo
22c. DATE SIGNED 12-2-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec. 3, 1957
23c. NAME OF CEMETERY OR CREMATORY Pendleton Cem.
23d. LOCATION (City, town, or county) (State) Doe Run, Missouri

24. FUNERAL DIRECTOR Miller Funeral Home ADDRESS Farmington, Mo.
25. DATE RECD. BY LOCAL REG. Dec. 3, 1957
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

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3

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..Paul K Dugal.....

Licensed Embalmer No..4120

P. O. Address Farmington

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.