

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043045

STATE FILE NUMBER

FILED DEC 9 1958

Registration District No. 353 Primary Registration District No. 6196 Registrar's No. 29

300
-57

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE where deceased lived. If institution: Residence before admission a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>	
b. CITY OR TOWN <u>Licking</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Licking</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb <u>2 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>107 N. of Licking Mo</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Pearl Roseo Powell</u>			4. DATE OF DEATH Month Day Year <u>Nov 27, 1958</u>		
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5. SEX <u>Mo</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 20, 1892</u>	9. AGE (In years) <u>76</u> IF UNDER 1 YEAR: Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Kawson Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Lewis Powell</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Fellers</u>	14. NAME OF HUSBAND OR WIFE <u>Julia Powell</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <u>no</u> (If yes, give war or dates of service))	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT <u>Mrs Julia Powell</u> Address <u>Licking Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>pulmonary + cardiac arrest</u>		INTERVAL BETWEEN ONSET AND DEATH <u>not definite</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>cachexia + debilitation</u>	
	DUE TO (c) <u>pulmonary tuberculosis</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>002 X</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <u>June 1958</u> to <u>Nov 27, 1958</u> and last saw ^{him} alive on <u>Nov 27, 1958</u> Death occurred at <u>4:30 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>B. J. Myers</u> (Degree or title) <u>20.</u>	22b. ADDRESS <u>Licking, Mo.</u>	22c. DATE SIGNED <u>12-1-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-30-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Boone Creek Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Texas Co. Mo</u>
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24. FUNERAL DIRECTOR <u>Smith-Ferguson</u> ADDRESS <u>Licking Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Dec. 5, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. E. Inara Hesse</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 11 1958

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 *Ernest E. Ferguson*

Licensed Embalmer No. *3945*
P. O. Address *Lehigh Mo*

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.