Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043135
STATE FILE NUMBER

FILED DEC 23 1958 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 393

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN: Kirksville — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Laughlin Hosp. — Length of stay in 1b: 2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Scotland
c. CITY OR TOWN: Rutledge, — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Milton Middle: Maurice Last: Powell
4. DATE OF DEATH: Month Dec. Day 16. Year 1958
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: July 25. 1917
9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Scotland County, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Ernest Powell
14. MOTHER'S MAIDEN NAME: Zora M. Frogge
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service): W. W. # II.
16. SOCIAL SECURITY NO.: 711-14-6271
17. INFORMANT: Josee R. Powell — Address: Jefferson City, 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): Medullary failure — INTERVAL BETWEEN ONSET AND DEATH: 30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Traumatic shock — 17 hrs.
DUE TO (c): Multiple rib fractures & fracture of femur — 17 hrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Bilateral hemothorax and left pneumothorax
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): Victim received crush type injury to chest when involved in a car accident. Also fractured rt. femur.
20c. TIME OF INJURY: Hour 1:30 p. m. Month, Day, Year 12-15-58
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.): Country road
20f. CITY, TOWN, OR LOCATION: South of Gorin — COUNTY: Scotland — STATE: Mo.

21. I attended the deceased from Dec. 15, 1958 to Dec. 16, 1958 and last saw him alive on Dec. 16, 1958.
Death occurred at 6:53 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Jack Auxter D.O. 2
22b. ADDRESS: Kirksville, Mo.
22c. DATE SIGNED: 12-16-58

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: Dec. 18, 1958
23c. NAME OF CEMETERY OR CREMATORY: Pauline Cemetery
23d. LOCATION (City, town, or county) (State): Rutledge, Missouri

24. FUNERAL DIRECTOR: Gerald Burkett — ADDRESS: Memphis Mo
25. DATE RECD. BY LOCAL REG.: 12-18-1958
26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(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

Jack Auxter, D.O.

JAN 9 1959
FEB 2 1959

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 46

P. O. Address

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