

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED DEC 30 1958 Registration District No. 267 Primary Registration District No. 4386 Registrar's No. 253

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Wardell</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Wardell</b> <u>0190</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Gen. Del.</b>		Length of stay in lb <b>29 Yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>Gen. Del.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>Cecelia Powell</b>	First <b>Cecelia</b> Middle <b>Powell</b> Last <b>Powell</b>	4. DATE OF DEATH <b>Dec. 23, 1958</b>	Month <b>Dec.</b> Day <b>23</b> Year <b>1958</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 27, 1885</b>	9. AGE (In years last birthday) <b>73</b>	10. FUNDER 1 YEAR Months <b>10</b> Days <b>26</b>	11. IF UNDER 24 HRS. Hours <b>26</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>	11. BIRTHPLACE (City and state or country) <b>New Madrid Co., Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>David L. Bradshaw</b>	13b. MOTHER'S MAIDEN NAME <b>Mary E. Mazinville</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>X</b>	17. INFORMANT <b>Lela Honea</b>	Address <b>Wardell, Mo.</b>
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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) <b>Respiratory Infection</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 hours</b> <b>15 years</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Bronchiectasis</b>		
DUE TO (c) <b>Arteriosclerosis</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <b>Arteriosclerosis</b>		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 <b>3:40</b> Month <b>Dec</b> Day <b>23</b> Year <b>1958</b> a.m. <b>A.M.</b> p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION <b>Wardell</b>	COUNTY <b>Missouri</b>	STATE <b>Missouri</b>
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Wardell</b>	COUNTY <b>Missouri</b>	STATE <b>Missouri</b>
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21. I attended the deceased from **Dec 1954** to **Dec 22 1958** and last saw her alive on **Dec 22 1958**  
Death occurred at **3:40 A.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Daniel R. Hensley M.D.</b>	22b. ADDRESS <b>Wardell, Mo.</b>	22c. DATE SIGNED <b>12-23-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-24-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Wardell Memorial</b>	23d. LOCATION (City, town, or county) (State) <b>Wardell, Missouri</b>
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24. FUNERAL DIRECTOR <b>Osburn Funeral Home, Wardell, Mo.</b>	ADDRESS <b>Wardell, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>12-24-58</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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Health, & Welfare Public Service  
 Doctor, coroner, etc. must use only this certificate in item 18. No symptoms will be listed.  
 All diseases in Part I must be causally related.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

DEC 2 9 1959  
COURTHOUSE  
CARLISHERVILLE, MO.  
PHONE 79

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

*James G. Osburn*

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.