

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013496

STATE FILE NUMBER

FILED MAY 13 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1925

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital, K.C.MO		Length of stay in lb 1 year	d. STREET ADDRESS (If outside, give location) 2714 Merssington		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First FRANK Middle ALLEN Last POWELL			4. DATE OF DEATH Month 4th Day 14th Year 1959		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5/23/19		9. AGE (In years last birthday) 39
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) Felicity, Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Elda Powell		13b. MOTHER'S MAIDEN NAME Georgia Grant		14. NAME OF HUSBAND OR WIFE Ida Mae Powell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give name and dates of service) Yes Koren Conflict		16. SOCIAL SECURITY NO. 432 14 4027		17. INFORMANT Address VA HOSPITAL RECORDS, K. C. MO.	
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 insufficiency					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) 4261		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <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	
I MAI attended the deceased from 4/14/59 to 4/14/59 not present Death occurred at 2:20 a. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Deputy Coroner</i>			22b. ADDRESS 1618 Lydia Ave		22c. DATE SIGNED 4/16/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-17-1959	23c. NAME OF CEMETERY OR CREMATORY —		23d. LOCATION (City, town, or country) (Street) Morrilton, Arkansas
24. FUNERAL DIRECTOR ADDRESS Mrs. Meek's Mortuary, K.C. Mo.			25. DATE RECD. BY LOCAL REG. 4-17-59	26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>	

L. M. Tillman

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAY 13 1958

JUN 5 1959

AUG 11 1959

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 *Millard B. Perkins*

Licensed Embalmer No. *5013*

P. O. Address *N.C. Md*

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.