

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018306

STATE FILE NUMBER

FILED APR 20 1959

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 36

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Aurora</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Aurora, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Aurora Hospital</u>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>409 E. College</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Clayde</u> Middle <u>Powell</u> Last <u>Powell</u>				4. DATE OF DEATH Month <u>April</u> Day <u>15</u> Year <u>1959</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</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>July 11-1882</u>		9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>55</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cafe</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Sum City, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>The Powell</u>			13b. MOTHER'S MAIDEN NAME <u>Elneda Bender</u>			14. NAME OF HUSBAND OR WIFE <u>Pearl Powell</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Pearl Powell</u> Address <u>Aurora, Mo.</u>				
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>Cerebro - Vascular Accident</u> DUE TO (b) <u>Generalized A.S.</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>331X</u>							INTERVAL BETWEEN ONSET AND DEATH <u>27 hrs.</u>		
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.) ITEM <u>4</u> CORRECTED BY AFFIDAVIT OF <u>Informant</u> <u>5-27-59</u>						
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Aurora</u>		COUNTY <u>Lawrence</u>		STATE <u>Mo.</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. I attended the deceased from <u>1/1/59</u> to <u>4/15/59</u> and last saw <u>her</u> alive on <u>4/15/59</u> Death occurred at <u>2:00 AM</u> <u>2:00 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>J.A. Martin, M.D.</u> (Degree or title)				22b. ADDRESS <u>Aurora</u>				22c. DATE SIGNED <u>4/16/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>4/17/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>		23d. LOCATION (City, town, or county) (State) <u>Aurora, Mo.</u>			
24. FUNERAL DIRECTOR <u>Oscar &amp; Thelma</u> ADDRESS <u>Aurora, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>4-16-1959</u>		26. REGISTRAR'S SIGNATURE <u>Ora Mae Matt</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MAY 12 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 *R. Gordon Bennett* .....

Licensed Embalmer No. *4213* .....

P. O. Address *Buena Vista 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.