

**FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE**  
**JURISDICTION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS. JUL 22 1960

318

1003

6825-60-028718  
 REGISTRAR'S NO. STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b		c. CITY OR TOWN		Inside Limits	
ST. LOUIS, MISSOURI		5 Mo.		GRANITE CITY		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits	d. STREET ADDRESS (If outside, give location)			Reside on Farm
BARNES HOSPITAL			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2803 IOWA AVENUE			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)			First	Middle	Last	4. DATE OF DEATH	
MICKEY			J.	POWELL	JULY 4		1960
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR
FEMALE	WHITE			5-1-1926	34	Months	Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY	
HOUSEWIFE		AT HOME		PITTSBURGH, PA.		U.S.	
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE	
UNKNOWN			UNKNOWN			JAMES POWELL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT Address		
No					James Powell 2803 IOWA GRANITE CITY, IL		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) PERTONITIS							2 WEEKS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) PELVIC EXENTERATION, POST-OPERATIVE							2 WEEKS
DUE TO (c) CARCINOMA OF CERVIX 171+							1 1/2 YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days.	
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)			
20c. TIME OF INJURY	Hour	Month, Day, Year					
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
21. I attended the deceased from	FEB. 1, 1960	to	JULY 4, 1960	and last saw her	JULY 4, 1960	him alive on	
Death occurred at	9:25 P.M.	on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title)				22b. ADDRESS		22c. DATE SIGNED	
E. O. Vermillion, M.D. M. D.				BARNES HOSPITAL		7/5/60	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)	
REMOVAL	7-6-1960	ST. JOHNS CEMETERY		GRANITE CITY, ILLINOIS			
24. FUNERAL DIRECTOR ADDRESS			25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE			
Frank Mercer Grant et al			JUL 7 1960	Earl Smith, M.D.			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATE OF MISSISSIPPI  
JANUARY 1968

STATEMENT BY LICENSED EMBALMER

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

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles E. Merce

Licensed Embalmer No. 2980

P. O. Address Granite

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