

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016224

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2486

FILED MAY 13 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

23508

3

4 1

5 0

6

7 1

8 1

99106

10 40

11 123

12 66-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City, Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Saint Lukes Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>214 East Armour</u>	
3. NAME OF DECEASED (Type or print) First <u>Ima</u> Middle <u>Powell</u> Last <u>Powell</u>		4. DATE OF DEATH Month <u>April</u> Day <u>28</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-22-1906</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dress Designer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Clothing</u>	9. AGE (last birthday) <u>57</u>
13a. FATHER'S NAME <u>James B. Powell</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah E. Quigg</u>	11. BIRTHPLACE (City and state or country) <u>Kansas</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>		14. NAME OF HUSBAND OR WIFE <u>Never Married</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ruptured Spleen</u> DUE TO (b) <u>Trauma (Heavy lamp fell on her side)</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>Generalized Arteriosclerosis</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		17. INFORMANT Address <u>Mrs. Sally Montgomery Kansas City, Mo.</u>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Reaching for bed lamp, lost balance & heavy lamp struck lower chest & upper abdominal area.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
20c. TIME OF INJURY Hour <u>4</u> a.m. <input checked="" type="checkbox"/> p.m. <input type="checkbox"/> Month, Day, Year <u>4-2-63</u>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hotel apartment</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Kansas City, Jackson Mo</u> COUNTY <u>Jackson</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>January 1946</u> to <u>April 28, 63</u> and last saw her ^{her} _{alive} on <u>April 28, 63</u> . Death occurred at <u>Kansas City, Mo.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Arnold V. Arms M.D.</u>		22b. ADDRESS <u>4320 Wornall, Kansas City Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22c. DATE SIGNED <u>4-28-63</u>	
23b. DATE <u>5-1-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	
23d. LOCATION (City, town, or county) <u>Kansas City Mo</u>		23e. LOCATION (City, town, or county) (State) _____	
24. FUNERAL DIRECTOR ADDRESS <u>Stine-McClure Kansas City Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-29-63</u>	
26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>			

USE BLACK INK OR TYPEWRITER RIBBON

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Lamar City, 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.

48 8
-
0
-
-
-
0 21
0-22