

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-020892

STATE FILE NUMBER

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 41

FILED JUN 17 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300	DATE AMENDED
Rev. 4/59	
1 <u>0730</u>	
2 <u>0600</u>	
3 <u>2</u>	
4 <u>0</u>	
5 <u>1</u>	
6	
7 <u>1</u>	
8 <u>0</u>	
<u>9332X</u>	
10	
11	
12 <u>1-2</u>	
13 <u>1-0</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stella		c. CITY OR TOWN Southwest City	
Length of stay in 1b 10 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardwell Memorial		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Granvill Middle B. Last Powell		4. DATE OF DEATH Month June Day 4 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-4-1892
9. AGE (last birthday) 71		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miller & farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired	
11. BIRTHPLACE (City and state or country) New Mexico		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Benjamin Franklin Powell		13b. MOTHER'S MAIDEN NAME Trisa (Unknown)	
14. NAME OF HUSBAND OR WIFE Laura Powell		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Laura Powell Southwest City, 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) Cerebral embolism DUE TO (b) atherosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Advanced Perfusionism / Fractured femur			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE	
21. I attended the deceased from May 25-63 to June 4-63 and last saw him alive on June 4-63 Death occurred at 10:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) D. D. Mountain		22b. ADDRESS 1002 W. 11th	
22c. DATE SIGNED 6-9-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-4-63	
23c. NAME OF CEMETERY OR CREMATORY Lee Cemetery		23d. LOCATION (City, town, or county) (State) Southwest City, Missouri	
24. FUNERAL DIRECTOR Downey-Woodard-Mooney S. W. City, Mo		25. DATE RECD. BY LOCAL REG. 6-9-63	
26. REGISTRAR'S SIGNATURE Mered Moherly			

USE BLACK INK OR TYPEWRITER RIBBON

RECEIVED

FILED

McDonnell

DEC 20 1963

Southwest City

10 days

Staff

X

Central Memorial

1963

JUN 2 1966

June

DEC 12 1963

B.

Gravill

X

White

VI

Lawrence

Retired

Miller & Turner

Central Memorial (Unknown)

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 _____

Wayne A. W...

Licensed Embalmer No. 5172

P. O. Address Roll, 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.

Missouri

Box 51
City, Mo.

Reverse

Dovey-Boody