

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3140  
Registrar's No. 68

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) OR TOWN Cuba	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Pacific Hospital		d. STREET ADDRESS (If rural, give location) W.R.	
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Wellington c. (Last) Powell		4. DATE OF DEATH (Month) (Day) (Year) 1 3 / 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 29, 1875
9. AGE (In years less birthday) 75		10. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired) Retired Switchman	11. BIRTHPLACE (State or foreign country) Oakhill, Mo.
10a. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Railroad	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME William Thomas Powell		13b. MOTHER'S MAIDEN NAME Phoebe Ann Taylor	
14. NAME OF HUSBAND OR WIFE Frances		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frances Powell, Cuba, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pulmonary Hemorrhage Laceration of Left Lung; Fracture of Ribs; suffocation		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last		DUE TO (b) embolus at least, central of his autonomic, and it rolled blood	
DUE TO (c) an embolus about 6 miles south of Cuba, Mo. on January 3 1949 at about 10:00 AM			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION P.X. (E-80314) Accident	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) road 20 Cuba Mo	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cuba Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 3 1949 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		28	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:45 P. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Joseph M. Quinn, M.D.		23b. ADDRESS 304 E. 1800 Pearl Ave	
23c. DATE SIGNED 1-4-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-6-49	
24c. NAME OF CEMETERY OR CREMATORY Kinder Cemetery		24d. LOCATION (City, town, or county) (State) Cuba, Mo.	
DATE REC'D BY LOCAL REG. 1949		REGISTRAR'S SIGNATURE J. B. Losater	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Shanklin Funeral Home., Cuba, Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.

Signed Robert M Murray

Signed.....  
Student Embalmer

Licensed Embalmer No. 3749

P. O. Address St. Louis, 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 this body is not embalmed, fact should be so stated above.