

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18161

FILED MAY 23 1949

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 948

1. PLACE OF DEATH a. COUNTY <u>St Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Indiana</u> b. COUNTY <u>999</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manchester 4</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jasonville</u> <u>12</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manchester Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>k 713 E Main Street</u> <u>2</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Elizabeth</u>	c. (Last) <u>Powell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 19, 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>4/3/1882</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 24 HRS. Days <u>16</u>	IF UNDER 1 MIN. Hours <u></u>	IF UNDER 1 MIN. Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Jasonville Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Nathan Powell</u>	13b. MOTHER'S MAIDEN NAME <u>Nem Warrick</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
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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'S SIGNATURE OR NAME <u>Mrs. Amie Powell</u>	ADDRESS <u>6233 San Bonita</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. Myocarditis</u> DUE TO (c) <u>Diabetes Mellitus</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>61</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>2001</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug 1946, to April 1949, that I last saw the deceased alive on Apr. 18, 1949, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ed Denny MD</u>	(Degree or title)	23b. ADDRESS <u>Creve Coeur, Mo</u>	23c. DATE SIGNED <u>4-19-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/22/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jasonville Indiana</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>4-19-49</u>	REGISTRAR'S SIGNATURE <u>Shirley L. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert J. Ambrose</u>	ADDRESS <u>6633 Clayton Rd.</u>
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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 Ernest W. Spillars

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4080

P. O. Address \_\_\_\_\_

**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.