

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22743

State File No.

No. 300
10.48

FILED JUL 23 1949

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 245

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>	
c. LENGTH OF STAY (in this place) <u>10 days</u>		d. STREET ADDRESS (If rural, give location) <u>804 Court St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>A.</u> c. (Last) <u>Powell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 12, 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>March 10, 1877</u>		9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Days <u>4</u> Hours <u>2</u> IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carpentry</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>Thomas J. Powell</u>		13b. MOTHER'S MAIDEN NAME <u>Merriva Carlton</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Powell</u>	
--	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>DK.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C. A. Powell</u> ADDRESS <u>Fulton, Mo.</u>	
--	--	------------------------------------	--	---	--

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		ACUTE YELLOW ATROPHY LIVER				442X	
ANTECEDENT CAUSES		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Carditis</u>					
		DUE TO (c) <u>Renal Vasc. Disease</u>					
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				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
------------------------	--	----------------------------------	--	--	--	---	--

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)	
--	--	--	--	---	--

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?	
--	--	--	--	----------------------------	--

22. I hereby certify that I attended the deceased from 8/26, 1946, to 7/12/49, that I last saw the deceased alive on 7/12/49, and that death occurred at 1:27 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George Wood</u>		23b. ADDRESS <u>Fulton Mo</u>		23c. DATE SIGNED <u>7/13/49</u>	
---	--	-------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 14, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>		24d. LOCATION (City, town, or county) (State) <u>Fulton Missouri</u>	
---	--	--------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. <u>July-14-1949</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		426		25. FUNERAL DIRECTOR'S SIGNATURE <u>Steeny Maysen</u> ADDRESS <u>Fulton Mo</u>	
--	--	---	--	-----	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 12 1949

RECEIVED JUL 18 1949
District Health Officer No. 9
District File Number

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 Walter J. Haines, Jr.

Signed
Student Embalmer

Licensed Embalmer No. 45570

P. O. Address Fulton, Md.

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.