

FILED AUG 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25798

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 6115 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY Scott County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		c. LENGTH OF STAY (in this place) 1 year		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 6115 Morley Twp	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home, R. 2 Sikeston		d. STREET ADDRESS (If rural, give location) Sikeston, Mo. R.F.D. #2			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) James	b. (Middle) Harvey	c. (Last) Powell	(Month) 7	(Day) 3	(Year) 1949

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 7/4/1883	9. AGE (in years last birthday) 65	IF UNDER 1 YEAR Months 11	IF UNDER 11 HRS. Days 29	IF UNDER 1 MIN. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Hickman Co. Ky.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Martin Powell	13b. MOTHER'S MAIDEN NAME Mary Jane Morgan	14. NAME OF HUSBAND OR WIFE Effie Mae Powell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Effie Powell	ADDRESS Sikeston
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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, asthenia, 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) Uremia & Bacter. spinal Syphilis. Unk.		2-4 Mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Syphilis - with DUE TO (c) Analyses of Urinary bladder.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			022X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 18 June, 1949, to July 3, 1949, that I last saw the deceased alive on 2 July, 1949, and that death occurred at 3:00 m. from the causes and on the date stated above.

23a. SIGNATURE H.B. Shrymister M.D.	(Degree or title)	23b. ADDRESS Sikeston	23c. DATE SIGNED 8 July 49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/6/49	24c. NAME OF CEMETERY OR CREMATORY Mounds Cemetery	24d. LOCATION (City, town, or county) (State) New Madrid Mo
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DATE REC'D BY LOCAL REG. July 26-49	REGISTRAR'S SIGNATURE Mrs. Ella Hunter	429	FUNERAL DIRECTOR'S SIGNATURE Hunter	ADDRESS Abraham Sikeston
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

RECEIVED ^{AUG 0 194}
District Health Office No. 2
District File Number ⁸⁴⁹⁻⁸⁰³
Date Filed _____

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 *John A. [Signature]*

Signed _____
Student Embalmer

Licensed Embalmer No. 2941

P. O. Address *Substation*

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.