

FILED SEP 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31146

BIRTH NO.		REG. DIST. NO. 231		PRIMARY REG. DIST. NO. 7346		Registrar's No.			
1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Montgomery</b>					
b. CITY (If outside corporate limits, write RURAL and give town) <b>Montgomery</b>		c. LENGTH OF STAY (in this place) township) <b>15 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Montgomery</b>		70			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>				d. STREET ADDRESS (If rural, give location) <b>None</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Effie E</b>		b. (Middle) <b>B.</b>		c. (Last) <b>Powell</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 18-1949</b>			
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>		8. DATE OF BIRTH <b>Aug 18-1869</b>			
9. AGE (In years last birthday) <b>80</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Middletown Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			
13a. FATHER'S NAME <b>James T. Ford</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Shacklerford</b>		14. NAME OF HUSBAND OR WIFE <b>Thomas J. Powell</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Kathleen Powell Rohw</b>					
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 <b>5 weeks</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>(a) Myocardial degeneration with de-compensation</b>				ANTECEDENT CAUSES <b>(b) Hypertensive arteriol cell- ulitis</b>				5 weeks	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>(c) Diabetes mellitus and chronic cholecystitis</b>				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <b>Aug. 5, 1949</b> , to <b>Sept. 18, 1949</b> , that I last saw the deceased alive on <b>Sept. 18, 1949</b> , and that death occurred at <b>10 P.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>C. L. Thompson, D.O.</b>				23b. ADDRESS <b>New Florence, Mo</b>		23c. DATE SIGNED <b>9-20-49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-20-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Florence</b>		24d. LOCATION (City, town, or county) (State) <b>New Florence Mo</b>			
DATE REC'D BY LOCAL REG. <b>9-24-49</b>		REGISTRAR'S SIGNATURE <b>Bernice E. Wyatt</b>		FURNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.W. HOPKINS MONTGOMERY CITY MO</b>					

(Licensed Embalmer's Statement on Reverse Side)

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, <sup>XX</sup> On the

day of Sept 1949

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*C. W. Hopkins*  
C. W. Hopkins

Signed.....

Student Embalmer

Licensed Embalmer No. I487

P. O. Address. Montgomery City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.