S. No. 300
v. 10-48

FILED JUL 6 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19318

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 68

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

1. PLACE OF DEATH
a. COUNTY: BATES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BUTLER-
c. LENGTH OF STAY (in this place): 3 Mo-
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BUTLER HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: BATES
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BUTLER - R+D#4
d. STREET ADDRESS (If rural, give location): MISSOURI

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last): THERESA IRENE POWELL

4. DATE OF DEATH (Month) (Day) (Year): JUNE 23-50

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): CHILD
8. DATE OF BIRTH: DEC-19-1940
9. AGE (In years last birthday): 9 — IF UNDER 1 YEAR Months: 6 Days: 4 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INVALID
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): CASS CO- MO-
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: FLOYD POWELL
13b. MOTHER'S MAIDEN NAME: GENEVIEVE SPIEVAK
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): X (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME: FLOYD POWELL — ADDRESS: BUTLER MO

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): BRONCHO PNEUMONIA, BILAT. — INTERVAL BETWEEN ONSET AND DEATH: 3 DAYS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): MALNUTRITION — SINCE BIRTH
DUE TO (c): BIRTH INJURY — SINCE BIRTH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 491X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 22, 1950, *to* June 23, 1950, *that I last saw the deceased alive on* June 23, 1950, *and that death occurred at* 1:20 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John M. Cooper M.D.
23b. ADDRESS: BUTLER, MO
23c. DATE SIGNED: June 24, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 6-24-50
24c. NAME OF CEMETERY OR CREMATORY: MONTROSE
24d. LOCATION (City, town, or county) (State): HENRY CO- MO-

DATE REC'D BY LOCAL REG.: June 24-1950
REGISTRAR'S SIGNATURE: Kendall F. Kerr
25. FUNERAL DIRECTOR'S SIGNATURE: John G. Underwood — ADDRESS: Butler Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 7.5.50

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed John G Underwood

Signed.....
Student Embalmer

Licensed Embalmer No. 3585

P. O. Address Butler 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.