

FILED JAN 11 1951

STANDARD CERTIFICATE OF DEATH

State File No. 41811

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5995 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <b>PUTNAM</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>PUTNAM</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL-SHERMAN Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL SHERMAN Township 0860</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JENNIE</b> b. (Middle) _____ c. (Last) <b>POWDERS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>NOV - 25 - 1950</b>		
5. SEX <b>FE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>SEPT - 7 - 1862</b>		9. AGE (In years last birthday) <b>88</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
11. BIRTHPLACE (State or foreign country) <b>INDIANA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	

13a. FATHER'S NAME <b>George Washington Arnold</b>		13b. MOTHER'S MAIDEN NAME <b>CAROLINE Arnold</b>		14. NAME OF HUSBAND OR WIFE <b>John H Powders</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Levett Powders Ottumwa Iowa</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hours</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Influenza</b>		DUPLICATE		4 1/2 days	
19a. DATE OF OPERATION		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) (Minute)		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 **11/18, 1950**, to **11/25, 1950**, that I last saw the deceased alive on **11/25, 1950** and that death occurred at **3:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Arthur C. Davis M.D.</b> (Degree or title)		23b. ADDRESS <b>Seymour, Iowa</b>		23c. DATE SIGNED <b>12/9/1950</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>NOV - 28 - 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>UNION CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>Putnam County, Mo.</b>					

DATE REC'D BY LOCAL REG. <b>12-30-50</b>		REGISTRAR'S SIGNATURE <b>Marshall Durbin</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Constock Funeral Home Unionville, Mo.</b>	
--	--	--	--	---	--

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

0860

Date Received: JAN 3 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 1-51-27  
Date Filed: JAN 10 1951

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.....  
Student Embalmer

Signed

*James W. Constock*

Licensed Embalmer No. *4197*

P. O. Address *Unionville, 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.