

MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 15275
7-1957

BIRTH NO. _____		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>4297</u>		Registrar's No. <u>7-1957</u>	
1. PLACE OF DEATH a. COUNTY <u>WINN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>WINN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Purdin</u>		c. LENGTH OF STAY (In this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Purdin</u>		0580	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CORA</u>		b. (Middle) <u>ALLIS</u>		c. (Last) <u>POWELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-24-51</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>12-23-1872</u>	
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>1</u>		IF UNDER 24 HRS. Hour <u>1</u> Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Clay Peery</u>		13b. MOTHER'S MAIDEN NAME <u>Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Walter Scott Powell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Clay Powell</u> ADDRESS _____			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Wernia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture - old - left hip</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>10 years</u> <u>20 years</u> <u>44 3/4 F</u>	
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) _____		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 <u>Jan 28</u> , 19 <u>51</u> , to <u>Feb 24</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb 24</u> , 19 <u>51</u> , and that death occurred at <u>3:30 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Kathleen W. Burkhead</u> (Degree or title) <u>MD.</u>				23b. ADDRESS <u>2110 Lewis Boulevard 9th</u>		23c. DATE SIGNED <u>2/27/51</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-26-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>IOOF Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>WINNEYS Mo.</u>	
DATE REC'D BY LOCAL REG <u>March 1, 51</u>		REGISTRAR'S SIGNATURE <u>Elva Crookshanks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brothers Funeral Home, Winneys, Mo.</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: MAR 5 1951
DISTRICT HEALTH OFFICE #2
District File Number 3-57-478
Date Filed: MAR 6 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 W. R. Wright

Licensed Embalmer No. 4655

P. O. Address Eschdale 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.