

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11782**

FILED MAY 15 1951

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>128</u>	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (In this place) <u>27m. 30a.</u>		c. CITY OR TOWN <u>Montgomery City 070-0</u>		d. STREET ADDRESS (If rural, give location) <u>Old Folks Home 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp. No. 1</u>				3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>J.</u> c. (Last) <u>Powell</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 29, 1957</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Aug. 5, 1867</u>		9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR <u>9</u> Months <u>24</u> Days		IF UNDER 6 WKS. Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Watchmaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>Wales</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>DK</u>		13b. MOTHER'S MAIDEN NAME <u>DK</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>DK</u>		16. SOCIAL SECURITY NO. <u>DK</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital records</u> ADDRESS <u>Fulton Mo</u>			
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>Chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypostatic pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>2/26</u> , 1957, to <u>4/29</u> , 1957, that I last saw the deceased alive on <u>Apr. 29, 1957</u> , and that death occurred at <u>12:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. C. Caldwell M.D. by Hand</u>				23b. ADDRESS <u>State Hosp. Fulton Mo</u>		23c. DATE SIGNED <u>4/29/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-3-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>anatomical Board</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 3-1951</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		426		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. O. Roberts</u> ADDRESS <u>Columbia Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED
MAY 7 1951
DISTRICT HEALTH OFFICE No. 4
File No.

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 _____

Signed.....
Student Embalmer

Licensed Embalmer No.

P. O. Address _____

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.