No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11797

BIRTH NO. _____ REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 5173 Registrar's No. 5

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Callaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Holt Summit
d. STREET ADDRESS (If rural, give location): In Town

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3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): Mae
c. (Last): Powell

4. DATE OF DEATH (Month) (Day) (Year): April 14-51

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 7-1880
9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months: 6 Days: 7
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): Callaway Co. Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William P. Forbis
13b. MOTHER'S MAIDEN NAME: Mary Ann Thomas
14. NAME OF HUSBAND OR WIFE: J. J. Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: J. J. Powell
ADDRESS: Holt Summit 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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
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* Jan, 1950, *to* April 14, 1951, *that I last saw the deceased alive on* April 14, 1951, *and that death occurred at* 11-30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: C. McD. Rusk (Degree or title): MD
23b. ADDRESS: New Florence Mo
23c. DATE SIGNED: Apr 16-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr 16-51
24c. NAME OF CEMETERY OR CREMATORY: Union Hill Cemetery
24d. LOCATION (City, town, or county) (State): Holt Summit Mo

DATE REC'D BY LOCAL REG.: APR 14-51
REGISTRAR'S SIGNATURE: LeRoy Clayton
39
25. FUNERAL DIRECTOR'S SIGNATURE: Holt Clayton
ADDRESS: Holt Mo

(Licensed Embalmer's Statement on Reverse Side)

APR 22 1952

RECEIVED
MAY 2 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 .....
....., Student Embalmer No. .....,
working under my personal supervision.

Student .....
Student Embalmer

Signed LeRoy Claypool
Licensed Embalmer No. 4412
P. O. Address New Bloomfield

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.