

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26253

State File No. _____
Registrar's No. 250

FILED AUG 17 1951

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>250</u>		
1. PLACE OF DEATH a. COUNTY <u>BUTLER 0124</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BUTLER</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>POPLAR BLUFF</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - ASH HILL 0120</u>		d. STREET ADDRESS (If rural, give location) <u>ASH HILL 1</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>POPLAR BLUFF HOSPITAL</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>RALPH</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>POWELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 5 1951</u>					
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child 6</u>		8. DATE OF BIRTH <u>JUNE 25-1938</u>	9. AGE (In years last birthday) <u>13</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HRs. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>NEW MADRID - MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>James Pearl Powell</u>			13b. MOTHER'S MAIDEN NAME <u>BUTLER</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>T.B. BUTLER Fish 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				<u>Fracture Skull</u>				
ANTECEDENT CAUSES				DUE TO (b) _____				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<u>Internal Injuries</u>				
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		<u>012 68124 25</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>State highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ash Hill Butler County Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 5-1951-130 Pm.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Hit by an automobile.</u>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>130 Pm.</u> from the causes and on the date stated above.								
23a. SIGNATURE <u>Glover W. Green</u>				23b. ADDRESS <u>Poplar Bluff Mo</u>		23c. DATE SIGNED <u>7/6-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug 8-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Madrid</u>		24d. LOCATION (City, town, or county) (State); <u>New Madrid - Mo</u>		
DATE REC'D BY LOCAL REG. <u>8-8-1951</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		428		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.C. White Fish Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

AUG 15 1951

BUTLER CO. HEALTH CENTER

FILE No. 851-370

SEP 8 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Defton, 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.