

FILED SEP 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29358

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 252

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Linneus 0580	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Grim-Smith Memorial		d. STREET ADDRESS (If rural, give location) None	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Edward c. (Last) Powell, Sr.			4. DATE OF DEATH (Month) (Day) (Year) Sept. 14, 1951
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 11, 1875
9. AGE (In years last birthday) 75		10. BIRTHPLACE (State or foreign country) Retired Railroadman-Sectionnforeman--Linn County, Mo. 0	11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		13. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME James Clinton Powell		13b. MOTHER'S MAIDEN NAME Mary Ann Dyche	
13c. NAME OF HUSBAND OR WIFE Nellie Maude Stone		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME W. E. Powell, Jr., Kirksville, Mo.		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure INTERVAL BETWEEN ONSET AND DEATH 3 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Obstruction common bile duct sev mo DUE TO (c) 584X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes several yrs. sev yrs	
19a. DATE OF OPERATION 8/30/51		19b. MAJOR FINDINGS OF OPERATION Obstruction & infection common duct (stones)	
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 8-27-1951 to 9-14, 1951, that I last saw the deceased alive on Sept. 14, 1951, and that death occurred at 1:45 p.m., from the causes and on the date stated above.			
23a. SIGNATURE George E. Gaine (Degree or title) MD		23b. ADDRESS Kirksville, Missouri	
23c. DATE SIGNED 9/15/51		24a. BURIAL CREMATION REMOVAL (Specify) Burial (r)	
24b. DATE 9/17/51		24c. NAME OF CEMETERY OR CREMATORY Maple Hills	
24d. LOCATION (City, town, or county) (State) Kirksville, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
DATE REC'D BY LOCAL REG. 9-18-51		REGISTRAR'S SIGNATURE Kate Lambert	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Kirksville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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SEP 24 1951

Date Received: SEP 24 1951
DISTRICT HEALTH OFFICE #2
District File Number 9-51-1695
Date Filed: SEP 24 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 _____

Rollie Kessel

Licensed Embalmer No. 4690

P. O. Address *Kirksville, 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.