

FILED OCT 8 1951

STANDARD CERTIFICATE OF DEATH

29541

State File No. Registrar's No. 1011

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph
c. LENGTH OF STAY (in this place) D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Agency, Mo. 0110
d. STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print)
a. (First) Opal b. (Middle) Lucille c. (Last) Powell
4. DATE OF DEATH (Month) (Day) (Year) Sept. 29, 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 27, 1909 9. AGE (In years last birthday) 42 1/2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (State or foreign country) Auxvasse, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Robert Lee Garwood 13b. MOTHER'S MAIDEN NAME Lillie Florence Turner 14. NAME OF HUSBAND OR WIFE Charles N. Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles N. Powell Agency, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Fatal injuries to chest and abdomen, fracture of the inferior maxillary, right fore-arm and left wrist, fracture right thigh*
INTERVAL BETWEEN ONSET AND DEATH 1 day
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) *Abdomen, fracture of the inferior maxillary, right fore-arm and left wrist, fracture right thigh*
DUE TO (c) *Abdomen, fracture of the inferior maxillary, right fore-arm and left wrist, fracture right thigh*
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 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State Highway 21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) Washington Buchanan Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 29-1951 11:30 AM 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR Automobile-Truck Collision

22. I hereby certify that I ~~was~~ ^{visited} the deceased ~~on~~ ^{on} 9/29/1951, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. F. Mundy M.D. (Coroner) 23b. ADDRESS St. Joseph, Mo. 23c. DATE SIGNED 9/29/51

24. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10-2-51 24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery 24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE Oct 2, 1951 Carl C. Castel 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman W. Sinden 1802 Union St

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

0117

128 27 1987

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.....

Robert H. Maple

Signed.....
Student Embalmer

Licensed Embalmer No. 3308

P. O. Address *St. Joseph, 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.