.S. No. 300
EV. 10.48

FILED NOV 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34359

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 348

0644
0

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

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Elizabeth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal 0644
d. STREET ADDRESS (If rural, give location): 1119 Sierra St. 0

3. NAME OF DECEASED (Type or Print)
a. (First): RONNIE
b. (Middle):
c. (Last): POWELL

4. DATE OF DEATH (Month) (Day) (Year): Nov. 4, 1951

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single 0
8. DATE OF BIRTH: Apr. 5, 1947
9. AGE (In years last birthday): 4 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): --------
10b. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (State or foreign country): East St. Louis, Ill. /
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Glenn Powell
13b. MOTHER'S MAIDEN NAME: Ruth Newman
14. NAME OF HUSBAND OR WIFE: ------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: -----
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Ruth Powell, 1119 Sierra St. Hannibal

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): Virus Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

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: 492X
20. AUTOPSY? YES [X] 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* Nov 3, 1951, *to* Nov 4, 1951, *that I last saw the deceased alive on* 4 Nov, 1951, *and that death occurred at* 3:20a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. J. Poller M.D. 0
23b. ADDRESS: Hannibal Mo
23c. DATE SIGNED: Nov 7/51

24a. BURIAL, CREMATION, REMOVAL (Specify): burial 0
24b. DATE: 11/6/51
24c. NAME OF CEMETERY OR CREMATORY: Hope Cemetery
24d. LOCATION (City, town, or county) (State): Hannibal, Missouri

DATE REC'D BY LOCAL REG.: 11-8-51
REGISTRAR'S SIGNATURE: W C Fisher, H E M Lucke Deputy 189
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Kathryn A. Schwartz, Hannibal, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 9 1951
MARION CO. HEALTH DEPT.
DATE FILED NOV 9 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. 440, working under my personal supervision.

Student Jack Schwartz
Student Embalmer

Signed Cecil E. Schwartz

Licensed Embalmer No. 2338

P. O. Address Hannibal, 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.