

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3908**

FILED MAR 3 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **13** PRIMARY REG. DIST. NO. **3003** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Monett</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Monett</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>307-W. CALE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Everett</b> b. (Middle) <b>H</b> c. (Last) <b>Powell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 24 52</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 3 1868</b>	9. AGE (In years last birthday) <b>84</b>	10. IF UNDER 1 YEAR Days <b>21</b> Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>U</b>	12. CITIZEN OF WHAT COUNTRY? <b>Barry</b>

13a. FATHER'S NAME <b>John Powell</b>		13b. MOTHER'S MAIDEN NAME <b>Frances Appleby</b>		14. NAME OF HUSBAND OR WIFE <b>Nancy Elizabeth Powell</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Nancy Powell</b> ADDRESS <b>Monett, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocardial Infarction</b>		DUE TO (b) <b>Coronary Artery disease</b>			<b>30 min</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			<b>15 yrs</b>
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 <input type="checkbox"/> NO <input 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) (Min.)		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 **July 10, 1951**, to **Feb 24, 1952**, that I last saw the deceased alive on **Feb 24, 1952**, and that death occurred at **4:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>F. L. Edwards M.D.</b> (Degree or title)		23b. ADDRESS <b>Monett, Mo</b>		23c. DATE SIGNED <b>Feb 25 52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb 27 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pierce City Cemetery, Pierce City, Lawrence Co, Mo</b>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>Feb 25, 1952</b>		REGISTRAR'S SIGNATURE <b>Oliver C. Warrington</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. E. Buchanan</b>		ADDRESS	

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

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**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 J. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monroeville, 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.