X
.S. No. 300
Rev. 10.48

1120
#3

FILED FEB 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7127

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 377 PRIMARY REG. DIST. NO. 6269 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: WEBSTER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MARSHFIELD Mo
c. LENGTH OF STAY (in this place): ——
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural - Ozark

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ky
b. COUNTY: CAMPBELL
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEWPORT Ky 8 160
d. STREET ADDRESS (If rural, give location): 8

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

4. DATE OF DEATH (Month) (Day) (Year): FEB 15 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAY 4 1885
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 9, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STOCKER
10b. KIND OF BUSINESS OR INDUSTRY: ——
11. BIRTHPLACE (State or foreign country): WHEELING W. VA.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: ISACH POWELL
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: BERNETTE POWELL

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.: 407-10-7931
17. INFORMANT'S SIGNATURE OR NAME: MURICE McGUIRE COVINGTON — ADDRESS: Ky

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): Skull Fracture and

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chest Injury
DUE TO (c): One Car accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND 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.): Highway 66
21c. (CITY, TOWN, OR TOWNSHIP): Marshfield — (COUNTY): Webster — (STATE): Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 15 52 1130 AM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: accident

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 ..... m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): K. K. Kelley Coroner
23b. ADDRESS: Fordland Mo.
23c. DATE SIGNED: 2-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2/16/52
24c. NAME OF CEMETERY OR CREMATORY: EVERGREEN
24d. LOCATION (City, town, or county): SOUTH GATE — (State): Ky

DATE REC'D BY LOCAL REG.: 2/18/52
REGISTRAR'S SIGNATURE: [signature] 392
25. FUNERAL DIRECTOR'S SIGNATURE: Rev Barber — ADDRESS: Marshfield Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Rw Barber

Licensed Embalmer No. 3848

P. O. Address Marshfield, 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.