

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13867**

MAY 1 1952

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

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4427</u>		Registrar's No. <u>42</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wayhessville, Mo.</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		<u>0396</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>UNKNOWN</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>			b. (Middle) <u>C.</u>			c. (Last) <u>Powell</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 17, 1952</u>							
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>May 8, 1919</u>	9. AGE (In years last birthday) <u>32</u>	10. MONTH <u>11</u>	11. DAYS <u>9</u>	12. HOURS <u>9</u> MIN. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Oconee County, S. Carolina</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>J. L. Powell</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes Nov. 24, 1941</u>		16. SOCIAL SECURITY NO. <u>258-163-072</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. L. Powell</u> ADDRESS <u>Toccoa, Georgia</u>			
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.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severere Trauma Throracic Region.</u></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p> <p align="right"><u>E8120</u> <u>25</u></p>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 66</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Waynesville Pulaski Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April-17/52 12:30 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>Struck by truck on Highway 66</u>			
22. I hereby certify that I attended the deceased <u>on April 17, 1952</u> , to _____, 19____, that I last saw the deceased <u>alive on _____, 19____</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Billy James Hedges, Coroner</u>				23b. ADDRESS <u>Crocker, Mo.</u>		23c. DATE SIGNED <u>4/19/52</u>	
24a. BURIAL, REMOVAL, OR REMOVAL OF BODY <u>Removal</u>		24b. DATE <u>4/18/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Acree-Davis Funeral Home</u>		24d. LOCATION (City, town, or county) (State) <u>Toccoa, Georgia</u>	
DATE RECD BY LOCAL REG. <u>4-19-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Crocker, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

FEB 1 1953

RECEIVED 4-19-52
Pulaski County Health Officer
File Number
Date Filed 4-26-52

MAY 2 1952

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 Walter P. Hedges

Licensed Embalmer No. 14265

P. O. Address Leona, 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.