

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16973

State File No. _____

FILED JUN 10 1952

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>246</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).			
a. COUNTY <u>JASPER</u>		b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>JOPLIN</u>)		a. STATE <u>MISSOURI</u>		b. COUNTY <u>Cherokee</u>	
c. LENGTH OF STAY (in this place) <u>1 WK</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>GALENA</u>		d. STREET ADDRESS <u>124 Deady</u>		f. <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST JOHN'S HOSPITAL</u>				3. NAME OF DECEASED			
a. (First) <u>FANNIE</u>		b. (Middle) <u>POWDER</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 31 52</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>XX</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 14 1898</u>	9. AGE (In years last birthday) <u>53</u>	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) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>ROBERT ATKINS</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISE KROKASKIE</u>		14. NAME OF HUSBAND OR WIFE <u>DAVE POWDER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>DAVE POWDER</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Carcinomatous, Pelvic</u>				<u>5 yrs.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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. <u>Malnutrition</u>				<u>3 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 <u>Jan</u> , 19 <u>51</u> , to <u>31 May</u> , 19 <u>52</u> that I last saw the deceased alive on <u>30 May 1952</u> , and that death occurred at <u>6 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert G. Powell MD</u> (Degree or title)				23b. ADDRESS <u>Galena, Iowa</u>		23c. DATE SIGNED <u>4 June 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<u>REMOVAL</u>		<u>MAY 31 - 52</u>		<u>OAK HILL</u>		<u>GALENA IA</u>	
DATE REC'D BY LOCAL REG. <u>6-5-52</u>		REGISTRAR'S SIGNATURE <u>Robert G. Powell 1380</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. L. Haven</u>		ADDRESS <u>Galena, Ia</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Powell 049

RECEIVED 6-9-52
Jasper County Health Office

County File Number 52/6/435
Date Filed 6-9-52

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.

Signed _____
Student Embalmer

Signed *Have Leema*
Licensed Embalmer No. _____

Licensed Embalmer No. 2067

P. O. Address *Salem, 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.