

FILED JUL 30 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24240

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 302 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>15th + Merrill St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lulu Barry home 15 + Merrill St.</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>1402</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Charles</u>	b. (Middle) <u>S.</u>	c. (Last) <u>Powell</u>	(Month) <u>July</u>	(Day) <u>24</u>	(Year) <u>1952</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced 3</u>	8. DATE OF BIRTH <u>JAN 13 1893</u>	9. AGE (in years last birthday) <u>59</u>	10. MONTHS <u>6</u>	11. DAYS <u>11</u>	12. HOURS <u></u>	13. MIN. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Road</u>	11. BIRTHPLACE (State or foreign country) <u>Trenton, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>J.R. Powell</u>	13b. MOTHER'S MAIDEN NAME <u>Missouri Anna Songer</u>	14. NAME OF HUSBAND OR WIFE <u>ANNA EVANS. (divorced)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>World War I</u>	17. INFORMANT'S SIGNATURE OR NAME <u></u>	ADDRESS <u></u>
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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		INTERVAL BETWEEN ONSET AND DEATH  <u>Do not know</u>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic Carcinoma</u>		
ANTECEDENT CAUSES		DUE TO (b) <u>Left Lung</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Myocarditis</u>	
11. 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 <u>162X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Trenton</u> (COUNTY) <u>Grundy</u> (STATE) <u>Mo.</u>
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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?
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22. I hereby certify that I attended the deceased from March 9, 1952 to July 24, 1952, that I last saw the deceased alive on July 24, 1952 and that death occurred at 7:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. A. Duffy MD</u>	23b. ADDRESS <u>Trenton Mo</u>	23c. DATE SIGNED <u>July 26-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 26 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grundy Center Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>R.F.D. Trenton Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-25-52</u>	REGISTRAR'S SIGNATURE <u>Irene Jan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Javis - Blackman</u>	ADDRESS <u>Trenton, Mo.</u>
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Dr E.A. Duffy  
(Licensed Embalmer's Statement on Reverse Side)

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

MAR 6 1953

JUL 30 1952

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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. 454

working under my personal supervision.

Student Harold L. Robert

Student Embalmer

Signed

Gordon Blackmer

Licensed Embalmer No. 4602

P. O. Address Trenton, 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.

PTAG 103 001