

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

27471

State File No. \_\_\_\_\_

FILED SEP 3- 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 4120 Registrar's No. 19

0220

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

1. PLACE OF DEATH a. COUNTY <u>CHRISTIAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clever</u>		c. LENGTH OF STAY (in this place) <u>6 years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>no street address</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Synthia</u>		b. (Middle) <u>-</u> c. (Last) <u>Powell</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 23 1952</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Feb. 8-1867</u>		9. AGE (In years last birthday) <u>85</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>-</u>	
11. BIRTHPLACE (State or foreign country) <u>Jackson Co., Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>James Webb</u>		13b. MOTHER'S MAIDEN NAME <u>Edith M<sup>c</sup>Carthy</u>	
14. NAME OF HUSBAND OR WIFE <u>Milton Powell</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chas. B. Dunnigan, Clever, Mo.</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.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage of stomach</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma of stomach</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)			
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 <u>151X</u>	
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 <u>8-22</u> , 19 <u>52</u> , to <u>5-23</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8-22</u> , 19 <u>52</u> , and that death occurred at <u>6:30 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Harold Shaffer D.O.</u>		23b. ADDRESS <u>Winton, Mo.</u>	
23c. DATE SIGNED <u>8-25-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>AUG. 26-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>FOWLER CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CAULFIELD MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>Aug 25, 1952</u>		REGISTRAR'S SIGNATURE <u>Allen Drew</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>John Dean Harris</u>		ADDRESS <u>Clever, Mo.</u>	

**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 *John Dean Harris* \_\_\_\_\_

Licensed Embalmer No. *4390* \_\_\_\_\_

P. O. Address *Cleveland, 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.