

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31811

State File No. 4142

DECEASED 4 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>2 years</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		1958	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>600 West Dartmouth</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>M.</u> c. (Last) <u>POWELL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-19-52</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1897 January 31, 1897</u>	9. AGE (In years last birthday) <u>55</u> If under 1 year: Months _____ Days _____ If under 1 hrs: Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Manager</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Surf &amp; Company</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Moultrie Georgia</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>J. L. Powell</u>	13b. MOTHER'S MAIDEN NAME <u>Kendall</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Powell</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W.W. I 419-07-6117</u>	16. SOCIAL SECURITY NO. <u>419-07-6117</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Powell</u>	ADDRESS <u>600 W. Dartmouth</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina pectoris</u>		INTERVAL BETWEEN ONSET AND DEATH <u>40 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery Sclerosis</u>		<u>1 year</u>
	DUE TO (c) <u>Ventricular Tachycardia</u>		<u>40 min</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Old, healed coronary artery occlusion</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____ (COUNTY) _____ (STATE) _____
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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? _____
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22. I hereby certify that I attended the deceased from May 10, 1952 to Sept-19 1952, that I last saw the deceased alive on Sept 19, 1952, and that death occurred at 8:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Graham Asher</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1220 Professional Bldg</u>	23c. DATE SIGNED <u>9-20-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Sept. 20, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>Moultrie, Georgia</u>
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DATE REC'D BY LOCAL REG. <u>9-20-52</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Newcomer</u>	ADDRESS <u>One, K.C. Missouri</u>
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(Signed Embalmer's Statement on Reverse Side)

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

1220 Prof. [unclear]

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 Robert E. Harrison

Licensed Embalmer No. 4849

P. O. Address K @ 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.