

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38449**

Dr. Jordan
FILED DEC 8 1952

REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218** Registrar's No. **52**

1. PLACE OF DEATH a. COUNTY Henry County,			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri; b. COUNTY Johnson Henry		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor, Mo.		c. LENGTH OF STAY (In this place) 14 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Leeton, Mo. 04218		d. STREET ADDRESS (If rural, give location) Leeton, Mo.
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Windsor Community Hospital					

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Marshall c. (Last) Powell,			4. DATE OF DEATH (Month) (Day) (Year) Nov. 23rd 1952		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Feb. 10, 1873	9. AGE (In years last birthday) 79	10. MONTHS 79	11. DAYS 79	12. HOURS 79	13. MINS. 79
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming			11. BIRTHPLACE (City and State or Foreign Country) Houstonville, Kentucky			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME Lindsey Marshall Powell			13b. MOTHER'S MAIDEN NAME Nannie Carpenter			14. NAME OF HUSBAND OR WIFE Mary Edna Powell		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Powell, Leeton, Missouri				ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion	DUPLICATE OF (b) Coronary Occlusion							24 hrs	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	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: 4201							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) (COUNTY) (STATE)	
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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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
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22. I hereby certify that I attended the deceased from **11-13**, 19**52**, to **11-23**, 19**52**, that I last saw the deceased alive on **11-23**, 19**52**, and that death occurred at **11 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ray B. Jordan M.D.			23b. ADDRESS Windsor, Missouri			23c. DATE SIGNED 11-25-52		
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-26-52		24c. NAME OF CEMETERY OR CREMATORY Mineral Creek		24d. LOCATION (City, town, or county) (State) Leeton, Missouri			
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DATE REC'D BY LOCAL REG. Dec-1-52		REGISTRAR'S SIGNATURE Florence Adair			25. FUNERAL DIRECTOR'S SIGNATURE R.A. Brauninger			ADDRESS Warrensburg, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 12 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 W. M. Branninger

Licensed Embalmer No. 3327

P. O. Address Warrensburg, 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.