

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

439

State File No.

BIRTH NO. FILED FEB 7 1953 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 27

124
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Poplar Bluff Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lucy Lee Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Poplar Bluff, Route 0120</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Washington</u> c. (Last) <u>Powers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 14, 1953</u>	
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>Oct. 15, 1867</u>
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>29</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Butler, County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>George W. Powers</u>	
13b. MOTHER'S MAIDEN NAME <u>Polly Ann Kittrell</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Lucille Powers.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-----</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Chester Kearbey, Poplar Bluff, Mo.</u>		ADDRESS <u>-----</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis, chronic</u> DUE TO (c) <u>Emphysema</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>		9 mos. <u></u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no.</u>		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) (Minute)		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>5 Apr. 1953</u> , to <u>14 Jan. 1953</u> , that I last saw the deceased alive on <u>13 Jan. 1953</u> , and that death occurred at <u>4:30 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Cluster Harwell, M.D.</u>		23b. ADDRESS <u>Poplar Bluff, Mo.</u>	
23c. DATE SIGNED <u>16 Jan 1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 15, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Cane Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Butler County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 26 1953</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> 428-0	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Cotrell</u>		ADDRESS <u>Poplar Bluff, Mo.</u>	

RECEIVED
FEB 4 1953

BUTLER CO. HEALTH CENTER

FILE No. 253-56

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 Howard A. Cooper

Licensed Embalmer No. 3996

P. O. Address 412 Vine St. Poplar Bl.

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.