S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13547

20669

FILED MAY 6 1953

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 65

191
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1. PLACE OF DEATH
a. COUNTY Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Harrisonville
c. LENGTH OF STAY (In this place) 5 minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Belton
d. STREET ADDRESS (If rural, give location) 1190 S

3. NAME OF DECEASED (Type or Print): a. (First) RONALD b. (Middle) CLIFFORD c. (Last) POWELL

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Apr 27-1953

9. AGE (In years last birthday) | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.: 3

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country): Harrisonville Mo

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: William James Powell

13b. MOTHER'S MAIDEN NAME: Patricia Cecilia Phelps

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: R. F. Powell Belton Mo

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) Pulmonary Atelectasis —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 7620

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-27-, 1953, *to* 4-27-, 1953, *that I last saw the deceased alive on* 4-27-, 1953, *and that death occurred at* 12:20 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Howard S. Jones MD

23b. ADDRESS: Harrisonville, MO

23c. DATE SIGNED: 4-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Apr 27-1953

24c. NAME OF CEMETERY OR CREMATORY: Grand Cemetery

24d. LOCATION (City, town, or county) (State): Harrisonville Mo

DATE REC'D BY LOCAL REG.: Apr 27 1953

REGISTRAR'S SIGNATURE: Dora Barnard 457

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Hammonbuyer's Harrisonville Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Infant - not embalmed

working under my personal supervision. Student Embalmer No.

Student Infant
Student Embalmer

Signed Ernest Rennenkugen

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.