

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17841

State File No. _____

FILED JUN 8 1953

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 135

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> <u>04204</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> <u>Johnson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Winsor Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township): <u>0516</u> OR TOWN <u>Leeton Mo.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Rest Home</u> | | d. STREET ADDRESS (If rural, give location) <u>City</u> | |

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|--|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Irene</u> b. (Middle) <u>Ward</u> c. (Last) <u>Powell</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 25 1953</u> | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u> | |
| 8. DATE OF BIRTH <u>May 9, 1870</u> | | 9. AGE (In years last birthday) <u>83</u> | | 10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Knobnoster Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13. FATHER'S NAME <u>Robert Tharrington</u> | |
| 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN NAME <u>Harriett Porter</u> | | 14. NAME OF HUSBAND OR WIFE | |

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|--|--|-------------------------------------|--|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Powell Winsor Mo.</u> ADDRESS | |
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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>Acute Myocardial Failure</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>6 mo.</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of Cecum</u> | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>153X</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | |

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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 type="checkbox"/> | | 21f. HOW DID INJURY OCCUR | |
|--|--|--|--|---------------------------|--|

22. I hereby certify that I attended the deceased from May 16 1952 to May 25 1953, that I last saw the deceased alive on May 25, 1953, and that death occurred at 6:42 p.m., from the causes and on the date stated above.

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|--|--|-------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>Claude M. Shurber M.D.</u> | | 23b. ADDRESS <u>Winsor Mo</u> | | 23c. DATE SIGNED <u>5/26/53</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>May 27, 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Winsor Mo.</u> | | | | | |

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|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <u>June 1-53</u> | | REGISTRAR'S SIGNATURE <u>Florence Adair</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>The Brauningers</u> ADDRESS <u>Warrensburg, Mo</u> | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 9 1953

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 George A. Kirby

Licensed Embalmer No. 4752

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.