

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

24171

State File No. _____
Registrar's No. 113

FILED AUG 10 1953

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 4103

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cleveland</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cleveland</u>	
c. LENGTH OF STAY (In this place) <u>16 Mos</u>		d. STREET ADDRESS (If rural, give location) <u>315 Walnut</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>315 Walnut</u>			

3. NAME OF DECEASED (Type or Print) <u>JENNIE E POWELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 2 - 1953</u>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 7 - 1867</u>		9. AGE (In years last birthday) <u>86</u>	# UNDER 1 YEAR Months _____ Days _____	# UNDER 1 MTH. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Gallatin Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>James Brown</u>	13b. MOTHER'S MAIDEN NAME <u>Charles Ann Marksbury</u>	14. NAME OF HUSBAND OR WIFE <u>Charles A. Powell</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Edith Adom</u>		ADDRESS <u>Cleveland Mo.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile Exhaustion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>none</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Age</u>				
		DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>794X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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) <u>Cleveland Cass MO</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Jan 1, 1867, to Aug 2, 1953, that I last saw the deceased alive on July 15, 1953 and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. W. Kelly MD</u>	23b. ADDRESS <u>Louisburg, Kans</u>	23c. DATE SIGNED <u>8/13/53</u>
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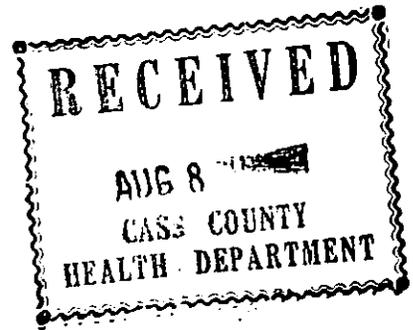
24a. BURNED, CREMATED, REMOVAL (Specify)	24b. DATE <u>Aug 4 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Valley</u>	24d. LOCATION (City, town, or county) (State) <u>Stanley Kans</u>	
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DATE REC'D BY LOCAL REG. <u>Aug 6 1953</u>	REGISTRAR'S SIGNATURE <u>Dora Barnard</u>	4570 -	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. E. Myers</u>		ADDRESS <u>Cleveland MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48
90
1



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 *Geo. E. Myers*

Licensed Embalmer No. *75-17*

P. O. Address *Cleveland 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.