

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

State File No. **24463**

FILED AUG 3 1953

BIRTH NO. 42210-5 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 684

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CEDAR</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>STOCKTON</b>	
c. LENGTH OF STAY (in this place) <b>2 days</b>		d. STREET ADDRESS (If rural, give location) <b>RURAL ROUTE #1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BURGE HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ROBERT</b> b. (Middle) <b>CHARLES</b> c. (Last) <b>POWELL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 25, 1953</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>BABY</b>	8. DATE OF BIRTH <b>JULY 23, 1953</b>
9. AGE (In years last birthday) <b>- - -</b>		10. MONTHS <b>-</b>	11. DAYS <b>2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>- - - -</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>- - - -</b>	11. BIRTHPLACE (State or foreign country) <b>SPRINGFIELD, MISSOURI</b>
			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>CHARLES CURTIS POWELL</b>	13b. MOTHER'S MAIDEN NAME <b>KATHERINE SHRIVER</b>	14. NAME OF HUSBAND OR WIFE <b>* * * * *</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>- - -</b>	17. INFORMANT'S SIGNATURE OR NAME <b>CHARLES CURTIS POWELL, STOCKTON, MO.</b>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Endocardial fibro sclerosis</b> 7-2 days DUE TO (c)		
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 <b>754.4</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 7-25, 1953, to 7-25, 1953, that I last saw the deceased alive on 7-25, 1953, and that death occurred at 11 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>David D. Thomasson M.D.</b>	23b. ADDRESS <b>1630 N Jefferson</b>	23c. DATE SIGNED <b>7-27-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>7/26/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>- - - -</b>
		24d. LOCATION (City, town, or county) (State) <b>Stockton, Missouri</b>

DATE REC'D BY LOCAL REG. <b>7-28-53</b>	REGISTRAR'S SIGNATURE <b>Earl Williams</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Herman H. Lohmeyer, Springfield, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300  
0.48

NOV 25 1958

**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 Lucien J. Swadlow

Licensed Embalmer No. 4815

P. O. Address Springdale

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.