

FILED SEP 8 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27942

State File No.

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 291

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

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kans. City</u>	
b. CITY OR TOWN <u>Fulton</u>		c. CITY OR TOWN <u>Kansas City</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>9 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>3617 Paseo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 1</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Rachel</u>	b. (Middle) <u>-</u>	c. (Last) <u>Powell</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>9</u> <u>4</u> <u>1953</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>- - 1877</u>	9. AGE (In years last birthday) <u>77</u>	10. IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	11. IF UNDER 4 HRS. Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Russia</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>D. K.</u>	13b. MOTHER'S MAIDEN NAME <u>D. K.</u>	14. NAME OF HUSBAND OR WIFE <u>D. K.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>D.K.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital records</u> ADDRESS <u>State Hospital NO 1 Fulton, 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, asthenia, 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) <u>Cerebral Aponexy</u>			<u>24 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral atherosclerosis</u> 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	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)
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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 Sept 3, 1953, to Sept 4, 1953, that I last saw the deceased alive on 9-3-53, and that death occurred at 8:25 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M J Miller M.D.</u>	23b. ADDRESS <u>State Hospital No 1 Fulton, Mo</u>	23c. DATE SIGNED <u>9-4-1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 8, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sheffield Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept 4-1953</u>	REGISTRAR'S SIGNATURE <u>Maretta Lawrence</u>	REG. NO. <u>426</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>Louis Funeral Home</u> ADDRESS <u>Kansas City, Mo</u>
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SFP 17 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

Signature of Student Embalmer

Signed

Gray Buffington

Licensed Embalmer No. *2756*

P. O. Address *Kansas City, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.