

FILED SEP 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31143

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 376

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death). a. STATE <u>Mo</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin Bluff</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bloomfield</u>	
c. LENGTH OF STAY (In this place) <u>10 days</u>		1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lectas Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route 3 1</u>	
3. NAME OF DECEASED (First) <u>CORA</u> (Middle) <u>ESTELBA</u> (Last) <u>POWELL</u>		4. DATE OF DEATH (Month) <u>9</u> (Day) <u>2</u> (Year) <u>53</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>2-25-1875</u>
9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>7</u>	IF UNDER 14 HRS. Hours <u>7</u> Min. <u>0</u>	
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 <u>Housekeeping</u>	
11. BIRTHPLACE (State or foreign country) <u>Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Kerman Powell</u>		ADDRESS <u>193 Bloomfield</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY EMBOLUS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 MINUTES</u>	
ANTECEDENT CAUSES		ARTERIOSCLEROTIC HEART DISEASE	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>WITH ATRICULAR FIBRILLATION, HYPERTENSION</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>NEPHROSCLEROSIS & NEPHRITIS</u>	
II. OTHER SIGNIFICANT CONDITIONS		FRACTURE LEFT HIP	
Conditions contributing to the death but not related to the disease or condition causing death.		9 DAYS	
19a. DATE OF OPERATION <u>8/25 & 9/1/53</u>	19b. MAJOR FINDINGS OF OPERATION <u>INTRACAPULAR FRACTURE LEFT HIP</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>BLOOMFIELD STODDARD MISSOURI</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8 24 1953 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>ACCIDENTAL FALL IN HOME</u>	
22. I hereby certify that I attended the deceased from <u>8/24</u> , 19 <u>53</u> , to <u>9/2</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>9/2</u> , 19 <u>53</u> , and that death occurred at <u>9:10 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>S. A. [Signature]</u> M.D. (Degree or title)		23b. ADDRESS <u>733 Poplar St. Poplar Bluff Missouri</u>	
23c. DATE SIGNED <u>9/2/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	24b. DATE <u>9-2-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woods Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Palmer Tenn.</u>
DATE REC'D BY LOCAL REG. <u>9/8/53</u>	REGISTRAR'S SIGNATURE <u>R. N. [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lanched R. B. [Signature]</u> ADDRESS _____	

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

RECEIVED
SEP 14 1953
BUTLER CO. HEALTH CENTER
FILE No. _____

SEP 14 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 9-2-

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Joplin Bluff 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.