

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35250**

FILED NOV 13 1953

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **319**

1. PLACE OF DEATH a. COUNTY Cape Girardeau			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Pulaski 8120		
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. LENGTH OF STAY (In this place) 8 days	c. CITY (If outside corporate limits, write RURAL and give township) Ullin R.F.D.		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION South East Missouri Hospt.			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) Henry Powell			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH 11--1--53			(Month)	(Day)	(Year)
5. SEX M. 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 27 1953	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months
IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Old age assistance		10b. KIND OF BUSINESS OR INDUSTRY Pension	11. BIRTHPLACE (State or foreign country) Bell City Illinois /		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Thomas Powell		13b. MOTHER'S MAIDEN NAME Nancy Payne		14. NAME OF HUSBAND OR WIFE Martha Powell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. not known	17. INFORMANT'S SIGNATURE OR NAME Virgil Powell		ADDRESS Ullin Ill.
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) Cerebral Thrombosis & Encephalomalacia		INTERVAL BETWEEN ONSET AND DEATH 2 wks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis			DUE TO (c)		Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pyelonephritis					Unknown
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332 X			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)		
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?		
22. I hereby certify that I attended the deceased from 10-7-53 , 19 53 , to 11-1 , 19 53 , that I last saw the deceased alive on 11-1 , 19 53 , and that death occurred at 10:20 am. , from the causes and on the date stated above.					
23a. SIGNATURE Harold S. Redings (Degree or title) C. M.D.			23b. ADDRESS Cape Girardeau, Mo.		23c. DATE SIGNED 11-3-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 7 1953	24c. NAME OF CEMETERY OR CREMATORY Ullin Cemetery	24d. LOCATION (City, town, or county) (State) Ullin, Pulaski, Illinois		
DATE REC'D BY LOCAL REG. 11-9-53		REGISTRAR'S SIGNATURE C. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE Carlton S. Haldeman		ADDRESS 1907 Walnut Cairo Ill.

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Charles S. Donaldson

Licensed Embalmer No. 4935

P. O. Address Cairo Illinois

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.