

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 19 1953

State File No.

BIRTH NO. REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5719 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Reavis Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Reavis Rural 0610</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u> b. (Middle) <u>Bretha</u> c. (Last) <u>Powell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-7-53</u>		
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>3-22-70</u>		9. AGE (In years last birthday) <u>83</u>		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>domestic</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Callao Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Wesley Marshall</u>		13b. MOTHER'S MAIDEN NAME <u>Polly Summers</u>		14. NAME OF HUSBAND OR WIFE	
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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>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Emmett Peter</u> ADDRESS <u>Reavis 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>Lymphoma</u>		DUPLICATE OF (b) <u>Senile debility</u>					
ANTECEDENT CAUSES		DUPLICATE OF (c) <u>Acute myocarditis</u>					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 <u>2001</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.			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 Aug. 1953, to Oct 7, 1953, that I last saw the deceased alive on Oct 7, 1953, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. D. Maddox</u> (Print or title)		23b. ADDRESS <u>Macon, Missouri</u>		23c. DATE SIGNED <u>10/9/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-9-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Church Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Reavis Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>10/9/53</u>		REGISTRAR'S SIGNATURE <u>Auth M. Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Edwards</u> ADDRESS <u>Reavis Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 10.14.53
MACON COUNTY HEALTH DEPARTMENT
County File No. 10.53.170
Date Filed 10.15.53

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 *J. S. Edwards*

Licensed Embalmer No. 1961

P. O. Address *Paris 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.