FILED NOV 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38134

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 379

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Laughlin

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Mo
b. COUNTY: Scotland
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rutledge 0990
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): Ernest
b. (Middle):
c. (Last): Powell

4. DATE OF DEATH (Month) (Day) (Year): Nov 8-1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 31-1880
9. AGE (In years last birthday): 73 — If under 1 year: Months: Days: If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Rutledge Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Josie J. Powell
13b. MOTHER'S MAIDEN NAME: Hannah Hicks
14. NAME OF HUSBAND OR WIFE: Zora Mae Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Josie P. Powell — ADDRESS: Jefferson City

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage (left) — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

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: 331 X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about house, 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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11/6, 1953, *to* 11/8, 1953 *that I last saw the deceased alive on* 11/8, 1953 *and that death occurred at* 8:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. McClure DO
23b. ADDRESS: Kirksville Mo
23c. DATE SIGNED: 11/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 11-53
24c. NAME OF CEMETERY OR CREMATORY: Pauline "
24d. LOCATION (City, town, or county) (State): Rutledge Mo

DATE REC'D BY LOCAL REG.: 10-16-53
REGISTRAR'S SIGNATURE: Kate Lambert 1-0
25. FUNERAL DIRECTOR'S SIGNATURE: Gerth Barker
ADDRESS: Memphis

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK

DEC 29 1961

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 Fred Gerth

Licensed Embalmer No. 4256

P. O. Address Memphis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

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