

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. RAC. POWELL
State File No. **38804**

FILED DEC 7 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1077

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY Oregon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD	c. LENGTH OF STAY (In this place) X	c. CITY OR TOWN MYRTLE	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: ST JOHN'S HOSPITAL		e. STREET ADDRESS (If rural, give location) 0750	

3. NAME OF DECEASED (Type or Print)	a. (First) JOHNNIE	b. (Middle) ELTON	c. (Last) POWELL	4. DATE OF DEATH (Month) (Day) (Year) DEC, 2, 1953
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC, 23, 1875	9. AGE (In years last birthday) 77	If UNDER 1 YEAR: Months _____ Days _____	If UNDER 1 HR.: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and State or Foreign Country) PLEASANTVILLE, IOWA	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME JOHN POWELL	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE ROSELLA POWELL
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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) NO	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME MRS JESS PALMER, 2051 NO. ELIZABETH	ADDRESS
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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, asphyxia, 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) Cerebral Vascular Accident		4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last, or one or more antecedent causes, as follows: DUE TO (b) Adenocarcinoma of prostate 8 years DUE TO (c) Hypertensive Cardiovascular disease		1
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			6 to 8 days

19a. DATE OF OPERATION 7-27-53	19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of Prostate	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.) Garage	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	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 9-10-49, to 12-2, 1953, that I last saw the deceased alive on 2-11-53, 1953 and that death occurred at 3:45P m., from the causes and on the date stated above.

23a. SIGNATURE Edwin M Powell (Degree or title) M.D.	23b. ADDRESS 609 Cherry St. Springfield, Mo.	23c. DATE SIGNED 7-23-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12/5/53	24c. NAME OF CEMETERY OR CREMATORY NEW SALEM CEMETERY	24d. LOCATION (City, town, or county) (State) NEAR THAYER, MISSOURI
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DATE REC'D BY LOCAL REG. 12-4-53	REGISTRAR'S SIGNATURE Erith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE HERMAN LOHMEYER	ADDRESS SPRINGFIELD, MO
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WRITE PLAINLY—USING UNFADING BLACK INK MAKE A PERMANENT RECORD

4875

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.....
Frederic J. Swallow

Licensed Embalmer No.....*4875*

P. O. Address.....*Springfield*

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.