

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

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

39988

FILED NOV 25 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5987 Registrar's No. 129

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | |
| a. COUNTY <u>Pulaski</u> | a. STATE <u>Missouri</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Union</u>) | b. COUNTY <u>Pulaski</u> | | |
| c. LENGTH OF STAY (in this place) | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Union</u> 2850 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) <u>D</u> | |

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|--|---|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) <u>Thomas</u> | b. (Middle) <u>Luther</u> | c. (Last) <u>Powell</u> | (Month) <u>11</u> | (Day) <u>10</u> | (Year) <u>1953</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>12/20/1875</u> | | |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 9b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u> | 9. AGE (In years last birthday) <u>77</u> | IF UNDER 1 YEAR Months <u>10</u> | IF UNDER 1 YEAR Days <u>20</u> |
| 10a. USUAL OCCUPATION | | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |

| | | |
|---|---|---|
| 13a. FATHER'S NAME <u>John Powell</u> | 13b. MOTHER'S MAIDEN NAME <u>Jane Price</u> | 14. NAME OF HUSBAND OR WIFE <u>Ettie Powell</u> |
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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>X</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ettie Powell, Dixon, Missouri</u> | 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, asthma, 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>Pulmonary oedema</u> | | <u>4 hours</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic myocarditis</u> DUE TO (c) _____ | | <u>unknown</u> |
| 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>4222</u> | 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) m. | 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 Oct 2, 1953, to Nov 10, 1953, that I last saw the deceased alive on Nov 10, 1953 and that death occurred at 12:00A.m., from the causes and on the date stated above.

| | | |
|---|--|--|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u> | 23b. ADDRESS <u>Dixon, Mo.</u> | 23c. DATE SIGNED <u>11-12-53</u> |
|---|--|--|

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|---|---------------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11/12/1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Fox Crossing Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Pulaski County, Missouri</u> |
|---|---------------------------------------|---|---|

| | | | |
|--|--|--|----------------|
| DATE REC'D BY LOCAL REG. <u>11-12-53</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred H. Gilbert, Dixon, Missouri</u> | ADDRESS |
|--|--|--|----------------|

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-19-53
Pulaski County Health Officer
File Number 11-21-53
Date Filed 11-21-53

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 _____

11-10-1953

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Maurice E. Scherbaum

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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

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