

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11720**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5447 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Hentry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Worth</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Howard twp</u>		c. LENGTH OF STAY (in this place) <u>4 mo</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Denver mo</u>		<u>0380</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUIS</u> b. (Middle) <u>EMMETT</u> c. (Last) <u>POWANZ</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 7-1954</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 15-1921</u>		9. AGE (In years last birthday) <u>32</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Denver mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Louis Powanz</u>		13b. MOTHER'S MAIDEN NAME <u>Rhoda Clabaugh</u>	14. NAME OF HUSBAND OR WIFE <u>Eula Jean Powanz</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War II</u>		16. SOCIAL SECURITY NO. <u>500-36-2248</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eula Jean Powanz</u> ADDRESS <u>Denver mo</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> 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.			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <u>4201 Hentry mo</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 <u>April 7, 1954</u> , to <u>April 7, 1954</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:30 AM.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>Charles W. Williams</u> (Degree or title) <u>Dr</u>			23b. ADDRESS <u>Hentry mo</u>		23c. DATE SIGNED <u>4-14-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 9-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Miller Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Denver mo</u>	
DATE REC'D BY LOCAL REG. <u>April 14-54</u>		REGISTRAR'S SIGNATURE <u>Maudie Williams</u> <u>4620</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hermie A. Brown</u> ADDRESS <u>Denver mo</u>		

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

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APR 18 1935

APR 21 1935

**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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Kansas City 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.