

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

**15156**

State File No. ....

FILED JUN 1 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 199

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Cape Girardeau</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>3 Yrs</u>	c. CITY OR TOWN <u>Cape Girardeau</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>1209 S Giboney St.</u>			<u>0164</u>

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Della</u> b. (Middle) <u>Mae</u> c. (Last) <u>Powell</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>May, 22, 1954</u>		
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Jan. 30, 1895</u>	<b>9. AGE</b> (In years last birthday) <u>59</u>	<b>IF UNDER 1 YEAR</b> Months <u>3</u> Days <u>22</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>House Work</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Same</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) / <u>Gale Ill</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>

<b>13a. FATHER'S NAME</b> <u>Robert Ives</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Dont Know</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Thomas F Powell</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Thomas F Powell Cape Girardeau Mo</u>

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral Hemorrhage</u>		<u>24 hrs</u>
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) <u>Hypertension</u>		<u>Unknown</u>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			<u>Unknown</u>

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>U U U</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT, SUICIDE, HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>331 X</u>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

22. I hereby certify that I attended the deceased from May 21, 1954, to May 22, 1954, that I last saw the deceased alive on May 21, 1954, and that death occurred at 5:57 a.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Harold Hedings M.D.</u>		<b>23b. ADDRESS</b> <u>Cape Girardeau, Mo</u>	<b>23c. DATE SIGNED</b> <u>5/24/54</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>May 25, 1954</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Thebs Cemt</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Thebs Ill</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>5-25-54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>C. C. Summers</u>	<b>44-0</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>W. J. Hemmen Cape Girardeau Mo</u>

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

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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.....  


Licensed Embalmer No...2863..

P. O. Address Cape Girardeau

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.