

FILED JUN 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17844

State File No.

BIRTH NO. 34571-54 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) Mexico		c. LENGTH OF STAY (in this place) 3 hours	c. CITY OR TOWN Mexico
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County Hospital		d. Is 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) 1414 S. Morris	

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Louis c. (Last) Powell, Jr.			4. DATE OF DEATH June 9, 1954 (Month) (Day) (Year)		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH June 9, 1954.	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby		10b. KIND OF BUSINESS OR INDUSTRY Baby	11. BIRTHPLACE (City and State or Foreign Country) Mexico, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Robert Louis Powell		13b. MOTHER'S MAIDEN NAME Dorothy A. Sims		14. NAME OF HUSBAND OR WIFE none	
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert L. Powell, Mexico, Mo.	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydrocephalus - Hydrocephalus		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Fracture 7 months		
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		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) 776 X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 June 9, 1954, to June 9, 1954, that I last saw the deceased alive on June 9, 1954, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE M. Kallenbach		(Degree or title) MD		23b. ADDRESS 119 E. Jackson Mexico, Mo		23c. DATE SIGNED 6/10/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-10-54		24c. NAME OF CEMETERY OR CREMATORY Stoutville Cam		24d. LOCATION (City, town, or county) (State) Stoutville, Missouri	

DATE REC'D BY LOCAL REG. June 10-54		REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ARNOLD FUNERAL Home Mexico, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Chris Arnold*

Licensed Embalmer No. *356*

P. O. Address *NYC*

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.