

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22292**

BIRTH NO. _____		REG. DIST. NO. <b>47</b>		PRIMARY REG. DIST. NO. <b>3008</b>		Registrar's No. <b>226</b>		
1. PLACE OF DEATH a. COUNTY <b>Callaway</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Montgomery</b>				
b. CITY OR TOWN <b>Fulton</b>		c. LENGTH OF STAY (in this place) <b>5 yrs</b>		c. CITY OR TOWN <b>Montgomery City</b>		d. In 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 <b>State Hosp. for</b>				e. STREET ADDRESS (If rural, give location) <b>no st. 0700</b>				
3. NAME OF DECEASED (Type or Print) <b>FLORENCE</b>			a. (First)		b. (Middle)		c. (Last) <b>POWELL</b>	
4. DATE OF DEATH <b>July 30 1954</b>		(Month) (Day) (Year)		5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>		8. DATE OF BIRTH <b>Oct. 23, 1882</b>		9. AGE (In years last birthday) <b>71</b>		10. IF UNDER 18: Hours <b>9</b> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Montgomery Co Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>James Powell</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Palmer</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no. or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. HOSPITAL'S SIGNATURE OR NAME <b>Hospital Records</b> ADDRESS <b>Fulton Mo</b>				
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heat Exhaustion</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic myocarditis</b> DUE TO (c) <b>Carcinoma of breast</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION <b>7/29/54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of breast</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g. home or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
22. I hereby certify that I attended the deceased from <b>Mar 20, 1950</b> , to <b>July 30, 1954</b> , that I last saw the deceased alive on <b>7/30, 1954</b> , and that death occurred at <b>4:20 P.M.</b> from the causes and on the date stated above.								
23a. SIGNATURE <b>Ralph Starks M.D.</b> (Degree or title)				23b. ADDRESS <b>Fulton Mo</b>		23c. DATE SIGNED <b>7/30/54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>August 4, 1954</b>		24c. NAME OF GEMETERY OR CREMATORY <b>Thos Florence Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Thos Florence, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>July 31 - 1954</b>		REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>		25. FEDERAL DIRECTOR'S SIGNATURE <b>Schlaeker Funeral Home</b> ADDRESS <b>Montgomery City Mo.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

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APR 6 '39

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.....  
*E. Boone Schlanker*

Licensed Embalmer No. *413*

P. O. Address *Montgomery*

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.