

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 26 1954

State File No. 32973

No. 300  
10. 48

0071

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN <u>Butler</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hosp.</u>		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) <u>523 N. Delaware</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>Ray</u> c. (Last) <u>Powell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-10-1954</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>Jan. 12, 1885</u>
9. AGE (In years last birthday) <u>69</u> 8 <u>38</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bates Co., Mo.</u>	
13a. FATHER'S NAME <u>Wm. C. Powell</u>		13b. MOTHER'S MAIDEN NAME <u>Rosa Lee Ray</u>	
13c. FATHER'S NAME <u>Grace Powell</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Powell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Grace Powell</u>		ADDRESS <u>Butler, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Arteriosclerosis</u> ANTECEDENT CAUSES (b) <u>Cerebral Neurologia</u> Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE 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)			
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>Oct 1, 1954</u> to <u>Oct 11, 1954</u> , that I last saw the deceased alive on <u>Oct 11, 1954</u> , and that death occurred at <u>11:2</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Walter M. Luter M.D.</u>		23b. ADDRESS <u>Butler, Mo.</u>	
23c. DATE SIGNED <u>10/12/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/12/54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Butler Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 13-54</u>		REGISTRAR'S SIGNATURE <u>Kendall Kersey</u> 170	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Culver-Woodward</u>		ADDRESS <u>Butler, Mo.</u>	

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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 *Robert S. Sturbeck*

Licensed Embalmer No...*465*

P. O. Address *Butler*

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.