

FILED NOV 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34608**

BIRTH NO.		REG. DIST. NO. 207		PRIMARY REG. DIST. NO. 5758		Registrar's No. 48	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Maries		b. COUNTY Maries		a. STATE Missouri		b. COUNTY Maries	
d. CITY (If outside corporate limits, write RURAL and give town)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township)			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)		0620	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) William		b. (Middle) Evans		c. (Last) Powell		4. DATE OF DEATH (Month) (Day) (Year) 10 31 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4/17/1873	
9. AGE (In years last birthday) 81		10. MONTHS 6		11. BIRTHPLACE (State or foreign country) Pulaski County, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME John Powell		13b. MOTHER'S MAIDEN NAME Jane Price		14. NAME OF HUSBAND OR WIFE Minerva Powell			
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. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Glen Powell, Rolla, Missouri			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				INTERVAL BETWEEN ONSET AND DEATH unknown			
18. CAUSE OF DEATH				II. OTHER SIGNIFICANT CONDITIONS			
18. CAUSE OF DEATH				Conditions contributing to the death but not related to the disease or condition causing death. Pernicious anaemia			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 153 X		YES <input type="checkbox"/> NO <input 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)			
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 Sept 20 , 19 54 , to Oct 31 , 19 54 , that I last saw the deceased alive on Oct 31 , 19 54 and that death occurred at 2:00P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Pauline Howard D.O.				23b. ADDRESS Dixon, Mo.		23c. DATE SIGNED 11-3-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/3/1954		24c. NAME OF CEMETERY OR CREMATORY Fox Crossing Cemetery		24d. LOCATION (City, town, or county) (State) Pulaski County, Missouri	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/3/1954		24c. NAME OF CEMETERY OR CREMATORY Fox Crossing Cemetery		24d. LOCATION (City, town, or county) (State) Pulaski County, Missouri	
DATE REC'D BY LOCAL REG. 11-8-54		REGISTRAR'S SIGNATURE Pauline Howard		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred H. Gilbert, Dixon, Missouri			

(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.....

Oct - 31 - 1954

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Fred N. Gilbert*

Licensed Embalmer No. *2341*

P. O. Address *Dixon, Missouri*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.