

36666

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300

10.48

FILED NOV 26 1954

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY OR TOWN <u>Dudley</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1020</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Ross</u> c. (Last) <u>Powell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 9 1954</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Cauc</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar 21, 1889</u>	
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Worker-Ret.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>- -</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cisne, Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
13a. FATHER'S NAME <u>James F. Powell</u>			13b. MOTHER'S MAIDEN NAME <u>Aretta Griffin</u>			14. NAME OF HUSBAND OR WIFE <u>Addie Powell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>- -</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Addie Powell Dudley, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>General arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive Cardiovascular disease</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				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) 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 <u>11-7</u> , 19 <u>54</u> , to <u>11-9</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>11-9</u> , 19 <u>54</u> , and that death occurred at <u>2:00 P.M.</u> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>Walden O. Erickson M.D.</u>				23b. ADDRESS <u>Poplar Bluff Mo</u>		23c. DATE SIGNED <u>11-13-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/12/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dudley Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dudley, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>11/15/54</u>		REGISTRAR'S SIGNATURE <u>J. H. Murrell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Fun. Ser.</u>		ADDRESS <u>Dexter, Mo</u>	

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

489-03 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
NOV 22 1954  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

NOV 30 1954

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 *Carl G. Watterman*

Licensed Embalmer No. *496*

P. O. Address *Dexter*

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.