

DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36846

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5290 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kearney Township</u>		c. LENGTH OF STAY (In this place) <u>6 1/2 years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 Miles S.W. Excelsior Spgs</u>		d. STREET ADDRESS (If rural, give location) <u>8 Miles S.W. Excelsior Spgs</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEON</u> b. (Middle) <u>GARRETT</u> c. (Last) <u>POWELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 2 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 8 1896</u>
9. AGE (In years last birthday) <u>58</u>		10. MONTHS <u>2</u>	11. DAYS <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Linn County Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John S. Powell</u>	
13b. MOTHER'S MAIDEN NAME <u>Rowene Garrett</u>		14. NAME OF HUSBAND OR WIFE <u>####</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-01-8447</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Iona M. Parsons, RR 3 Liberty</u>		ADDRESS <u>RR 3 Liberty</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  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"/>		<u>1201</u>	
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) _____	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. S. Tate M.D. (Coroner)</u>		23b. ADDRESS <u>North Kansas City, Missouri</u>	
23c. DATE SIGNED <u>12/3/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Dec 4 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs Mo.</u>		DATE REC'D BY LOCAL REG. <u>Dec. 7 1954</u>	
REGISTRAR'S SIGNATURE <u>Mabel Graham</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Virgil Hope</u>	
ADDRESS <u>491-8</u>		ADDRESS <u>Excelsior Springs Mo.</u>	

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

6000 / 1

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 .....  
Student Embalmer

Signed James A. Moles  
Licensed Embalmer No. 3296

P. O. Address Excelsior Springs Mis

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