

FILED NOV 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

38075

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 221 PRIMARY REG. DIST. NO. 5793 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <b>Moniteau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sandy Hook</b>		c. LENGTH OF STAY (If this place) <b>???</b>	c. CITY OR TOWN <b>Boonville,</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>In River. Linn Jeff</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
• STREET ADDRESS <b>314 E. High St.</b>		<b>0219</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Flora Jane</b> b. (Middle) <b>Craig</b> c. (Last) <b>Powell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>November 9 1954</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 7th. 1894</b>
9. AGE (In years last birthday) <b>60</b>	# UNDER 1 YEAR Months	Days	# UNDER 24 HRS. Hours
Mins.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Welfare Office.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Arrow Rock, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	13a. FATHER'S NAME <b>Hugh Craig.</b>	13b. MOTHER'S MAIDEN NAME <b>Katherine Wood</b>	14. NAME OF HUSBAND OR WIFE <b>Luther Powell.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>-----</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. H. D. Quigg, Boonville, 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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Drowning</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS. <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown about 2-3 hours.</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>River</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Boonville Cooper Mo</b>	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Nov. 9 1954 5p m.</b>
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Jumped off bridge at Boonville, Mo.</b>		22. I hereby certify that I attended the deceased from <b>death, when first seen</b> , to <b>10</b> , 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 <b>Karyon Latham M.D. Coronel</b>	23b. ADDRESS <b>California, Mo.</b>	23c. DATE SIGNED <b>11-16-54</b>	24a. BURIAL (CREMATION, REMOVAL) (Specify) <b>Burial</b>
24b. DATE <b>Nov. 16 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Arrow Rock Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Saline County, Mo.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Goodman &amp; Boller, Boonville, Mo.</b>
DATE REC'D BY LOCAL REG. <b>Nov 16 54</b>	REGISTRAR'S SIGNATURE <b>H. D. Quigg</b>	506	ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48  
680  
022

3961 9 NHC

JAN 18 1958

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 *G. F. Diller*

Licensed Embalmer No. *306*

P. O. Address *Boonville*

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.